

4/30/2021

Division of Corporations

File first: H210001740423

File second: H210001740533

M21000005196

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Use the file addit number (shown below) on the top and bottom of all pages of the document.

((H21000174053 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2021 APR 30 PM 4:43

Handwritten initials and date

Foreign Limited Liability Company
NCS Healthcare of Kentucky, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 APR 30 PM 1:04

FILED

FILE SECOND

Electronic Filing Menu

Corporate Filing Menu

Help

MAY - 3 2021

M. SOLOMON

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NCS Healthcare of Kentucky, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Ohio (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 201 E. 4th St. Suite 900 (Street Address of Principal Office) Cincinnati, OH 45202

6. 201 E. 4th St. Suite 900 (Mailing Address) Cincinnati, OH 45202

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324

Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Olga Hlinka, VP & Asst. Secretary (Registered agent's signature)

FILED 2021 APR 30 PM 1:04 SECRETARY OF STATE TALLAHASSEE FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: NeighborCare Pharmacy Services, LLC	<input type="checkbox"/> Manager	Name: Thomas S. Moffatt
<input checked="" type="checkbox"/> Member	Address: 201 E. 4th St. Suite 900	<input type="checkbox"/> Member	Address: One CVS Drive
<input type="checkbox"/> Authorized Person	Cincinnati, OH 45202	<input type="checkbox"/> Authorized Person	Woonsocket, RI 02895
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Cecilia Temple	<input type="checkbox"/> Manager	Name: Carol A. DeNale
<input type="checkbox"/> Member	Address: 201 E. 4th St. Suite 900	<input type="checkbox"/> Member	Address: One CVS Drive
<input type="checkbox"/> Authorized Person	Cincinnati, OH 45202	<input type="checkbox"/> Authorized Person	Woonsocket, RI 02895
<input checked="" type="checkbox"/> Other Secretary	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other Sr. VP/Treasurer	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Melanie Luker	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: One CVS Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Woonsocket, RI 02895	<input type="checkbox"/> Authorized Person	_____
<input checked="" type="checkbox"/> Other Asst. Secretary	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2021 APR 30 PM 1:04
SECRETARY OF STATE
TAMARA HASSIE, FLORIDA

FILED

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Cecilia Temple

Signature of an authorized person

Cecilia Temple

Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NCS HEALTHCARE OF KENTUCKY, LLC, an Ohio For Profit Limited Liability Company, Registration Number 967241, was organized within the State of Ohio on January 31, 1997, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of April, A.D. 2021.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State