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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 : (614)573-3996

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

Email Address: sandy.schmehl@evernorth.com

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Foreign Limited Liability Company
Evernorth Network Services, I.I.C

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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. Evermonth Network Services, 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 99-1207331 (F.T. number, if applicable)

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

5. One Express Way (Street Address of Principal Office) 6. One Express Way (Mailing Address)

St. Louis, MO 63121

St. Louis, MO 63121

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 (City) (Zip code)

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: Stephen Rullis (Registered agent's signature) Stephen Rullis, Asst. Secretary

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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: <u>Evermorth Accountable Care, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Matthew Totterdale, III</u>
<input checked="" type="checkbox"/> Member	Address: <u>One Express Way, St. Louis, MO 63121</u>	<input type="checkbox"/> Member	Address: <u>One Express Way, St. Louis, MO 63121</u>
<input type="checkbox"/> Authorized Person	_____	<input checked="" type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Rebecca Croes</u>	<input type="checkbox"/> Manager	Name: <u>John Mimplitz</u>
<input type="checkbox"/> Member	Address: <u>9307 Kirby Dr., Houston, TX 77054</u>	<input type="checkbox"/> Member	Address: <u>One Express Way, St. Louis, MO 63121</u>
<input checked="" type="checkbox"/> Authorized Person	_____	<input checked="" type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Scott Lambert</u>	<input type="checkbox"/> Manager	Name: <u>Joune Hart</u>
<input type="checkbox"/> Member	Address: <u>900 Cottage Grove Rd., Bloomfield, CT 06152</u>	<input type="checkbox"/> Member	Address: <u>1601 Chestnut St., Two Liberty, Philadelphia PA 19192</u>
<input checked="" type="checkbox"/> Authorized Person	_____	<input checked="" type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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.



Signature of an authorized person

Sandra J. Schmechl Asst. Secretary

Typed or printed name of signee

EVERNORTH NETWORK SERVICES, LLC
Authorized Signers

Officer Name	Appointed As	Business Address
MATTHEW TOTTERDALE II	PRESIDENT	ONE EXPRESS WAY, ST. LOUIS MO 63121
REBECCA CROES	VICE PRESIDENT	9307 KIRBY DR. HOUSTON TX 77054
SCOTT LAMBERT	VICE PRESIDENT, TREASURER	900 COTTAGE GROVE RD. WILDE BLDG. BLOOMFIELD CT 06152
JOHN MIHLITZ	VICE PRESIDENT	
JOANNE HART	ASSISTANT TREASURER	1601 CHESTNUT ST -TWO LIBERTY, PHILADELPHIA PA 19192
ELIZABETH WARFORD	ASSISTANT TREASURER	ONE EXPRESS WAY, ST. LOUIS MO 63121
ALICIA MORROW	SECRETARY	ONE EXPRESS WAY, ST. LOUIS MO 63121
SANDRA J. SCHMEHL	ASSISTANT SECRETARY	1601 CHESTNUT ST -TWO LIBERTY, PHILADELPHIA PA 19192
MATTHEW TOTTERDALE II	MANAGER	ONE EXPRESS WAY, ST. LOUIS MO 63121

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVERNORTH NETWORK SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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SR# 20241582925

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203311250

Date: 04-23-24