

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/8/2023 8:30 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602	Certificate of Authority (Foreign Business Entity)		FBE	
(502) 564-3490 www.sos.ky.gov				
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the following	· 030 the undersigned hereby applies ng statements:	for authority to transact b	ousiness in Kentucky	on behalf of the entity named below
			professional limited liability company statutory trust other	
The name of the entity is BioMatrix (The n	Specialty Pharmacy, LLC name must be identical to the name	on record with the Seci	retary of State.)	•
3. The name of the entity to be used in h	(Only pro	ovide if "real name" is u	ınavailable for use;	otherwise, leave blank.)
4. The state or country under whose law	the entity is organized is Florida			•
5. The date of organization is 07/17/20	15	and the period of duration	n is perpetual	
C. The meliter address of the path to ad	instant affine in		(If left blank, durati	on is considered perpetual.)
The mailing address of the entity's pri 855 SW 78th Ave, Suite C200	ncipal office is	Plantation	FL	33324
Street Address		City	State	Zip Code
7. The street address of the entity's regi	stered office in Kentucky is	TOURS AND ADDRESS.		•
306 W. Main Street, Suite 512 Street Address (No P.O. Box Numbers		Frankfort City	KY	40601 ate Zip Code
사용 보는 그는 그들은 사람들은 사람들은 사람들이 되었다면 하는 것이 되었다. 그는 사람들은 사람들은 사람들이 되었다면 하는데 없었다면 하는데 없다면 하는데 없었다면 하는데 없었다면 하는데 없다면 하는데 없었다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데 없었다면 하는데 없었다면 하는데 없었다면 하는데 없다면 하는데 없다면 하는데 없었	•		31	ate Zip code
and the name of the registered agent at	hat office is C 1 Corporation System	m .		
8. The names and business addresses	of the entity's representatives (secreta	ry, officers and directors,	managers, trustees of	r general partners):
Nicholas Karalis	3070 McCann Farm Drive, Suite	Garnet Valley	PA	19060
Name	Street or P.O. Box	City	State	Zip Code
Kathee Kramm	855 SW 78th Ave, Suite C200	Plantation	FL	33324
Name	Street or P.O. Box	City	State	Zip Code
Daniel Cammarata	855 SW 78th Ave, Suite C200	Plantation	FL	33324
Name	Street or P.O. Box	City	State	Zip Code
If a professional service corporation, a and treasurer are licensed in one or mon statement of purposes of the corporation	e states or territories of the United Sta			
10. I certify that, as of the date of filing th	is application, the above-named entity	validly exists under the	laws of the jurisdiction	of its formation.
11. If a limited partnership, it elects to be	a limited liability limited partnership.	Check the box if applical	ble:	
12. If a limited liability company, check				
13. This application will be effective upon	filing			
Signature of Authorized Representative	Nicho	olas Karalis, CEO & L	LC Manager	70/23/23
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CT Corneration Sustain				
TyperPrint Name of Registered Agent	, cor	sent to serve as the regis	stered agent on behal	of the business entity.
(1) R 11		10		
By Enuse Dell	Denise Bell	Α	Assistant Secretar	y 11/2/2023
Signature of Registered Agent	Printed Name		Title	Date

State of Florida Department of State

I certify from the records of this office that BIOMATRIX SPECIALTY PHARMACY, LLC is a limited liability company organized under the laws of the State of Florida, filed on July 17, 2015, effective July 17, 2015.

The document number of this limited liability company is L15000122938.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on March 24, 2023, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Thirteenth day of October, 2023



Secretary of State

Tracking Number: 9623846411CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication