



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a: ☐ profit corporation (KRS 271B); ☐ nonprofit corporation (KRS 273); ☐ professional service corporation (KRS 274);
☐ business trust (KRS 386); ☒ limited liability company (KRS 275); ☐ professional limited liability company (KRS 275);
☐ limited partnership (KRS 362);

2. The name of the entity is Boswell Pharmacy Services, LLC.

(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable):

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Pennsylvania

5. The date of organization is 03/19/2008

and the period of duration is 09/19/2048

(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is:

PO Box 266

Jennerstown

PA

15547

Street Address

City

State

Zip Code

7. The street address of the entity's registered office in Kentucky is:

306 W. Main Street, Suite 512

Frankfort

KY

40601

Street Address (No P.O. Box Numbers)

City

State

Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Jacqueline M. Martella

PO Box 266

Jennerstown

PA

15547

Name

Street or P.O. Box

City

State

Zip Code

Kathleen Martella

PO Box 266

Jennerstown

PA

15547

Name

Street or P.O. Box

City

State

Zip Code

Name

Street or P.O. Box

City

State

Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this 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 applicable: ☐

12. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is:

(Delayed effective date and/or time)

Signature of Authorized Representative

Jacqueline M Martella

Printed Name & Title

Owner/CEO

Date

I, C T Corporation System

consent to serve as the registered agent on behalf of the business entity.

ANN J. WILLIAMS

Assistant Vice President

Signature of Registered Agent

Printed Name

Title

Date

(01/12)

4/2/2013