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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
10/9/2023 12:01 PM
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 030 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 | <input checked="" type="checkbox"/> nonprofit corporation | professional limited liability company |
| business trust | limited liability company | statutory trust |
| limited partnership | ltd cooperative association | public benefit corporation |
| non-profit llc | professional service corporation | other |

2. The name of the entity is BIOPLUS SPECIALTY 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 FL

5. The date of organization is 12/28/1988 and the period of duration is Perpetual
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
376 NORTHLAKE BLVD. ALTAMONTE SPRINGS FL 32701
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):

SEE ATTACHED

Name	Street or P.O. Box	City	State	Zip Code
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. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

DocuSigned by:

Handwritten signature of Kathleen S. Kiefer

Kathleen S. Kiefer, Secretary

9/28/2023

Signature of Authorized Representative

Printed Name & Title

Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: C T Corporation System Terrie Bates Assistant Secretary 09/28/2023
Signature of Registered Agent Printed Name Title Date

Manager/Officer Addresses

Paul E. Marchetti - Manager

108 Leigus Rd.

Wallingford, CT 06492

Mark Montgomery - President

1141 Whitesell Dr

Winter Park, FL 32789

Danielle A. Swenson - Manager

450 Headquarters Plaza, East Tower, 7th Floor

Morristown, NJ 07960

Kathleen S. Kiefer - Secretary

220 Virginia Ave.

Indianapolis, IN 46204

Vincent E. Scher – Manager, Treasurer

220 Virginia Ave.

Indianapolis, IN 46204

Erick (Rick) K. Noble – Assistant Treasurer

220 Virginia Ave.

Indianapolis, IN 46204