



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS. SVCS DIV
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Application for Registration
 FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Diplomat Specialty Pharmacy of Phoenix, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
Diplomat Specialty Pharmacy		
2. The LLC is organized under the laws of: Michigan		
3. The date of its organization is 1/31/2018		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Specialty Pharmacy		
Check the box to indicate an attachment <input type="checkbox"/>		

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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6. The RI Department of State is appointed the agent of the foreign limited liability company if, at any time, there is no resident agent or if the resident agent cannot be found or served after diligent diligence.

State the office address required to be maintained in the state or country of formation.

7. The address of the office required to be maintained in the state or country of formation, if not so required, of the principal office of the foreign limited liability company is:

4100 S. Saginaw St., Flint, MI 48507

8. The mailing address for the limited liability company is:

4100 S. Saginaw St., Flint, MI 48507

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

By one (1) or more managers (List managers below)

MANAGER	ADDRESS

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 30 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC

Diplomat Specialty Pharmacy of Phoenix, LLC

Date

10/24/2019

Signature of Authorized Person

 SIGN, DOC Secretary, Diplomat Pharmacy, Inc. Sole member

UNITED STATES OF AMERICA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

DIPLOMAT SPECIALTY PHARMACY OF PHOENIX, LLC

was validly authorized on January 31, 2018, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 8th day of August, 2019.

Handwritten signature of Julia Dale

Julia Dale, Director

Sent by electronic transmission

Certificate Number: 19084696310

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RECEIVED DIVISION OF CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

October 31, 2019 02:19 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

