



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/30/2007	200724200400	CONVERSION WITHIN SOS RECORDS (CVS)	.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CSC/DIAMOND ACCESS
887 S HIGH ST
COLUMBUS, OH 43206

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**818530**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CARDINAL HEALTH 414, LLC

and, that said business records show the filing and recording of:

Document(s)

CONVERSION WITHIN SOS RECORDS
(CHANGE BUSINESS TYPE FOR: LIMITED LIABILITY CO.)

Document No(s):

200724200400

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 2nd day of August, A.D.
2007.

Ohio Secretary of State



Prescribed by J. Kenneth Blackwell
Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Mail Form to one of the Following:

☐ Expedite

P.O. Box 1390
Columbus, OH 43216

*** Requires an additional \$100.00 fee ***

☐ Non Expedite

P.O. Box 1323
Columbus, OH 43216

CERTIFICATE OF CONVERSION
FOR ENTITIES CONVERTING WITHIN OR OFF THE RECORDS OF THE OHIO SECRETARY OF STATE
Filing Fee \$125.00

Enacted by 1701.011, 1705.081, 1775.55, and 1782.4310 of the Revised Code for the State of Ohio, (as applicable), the undersigned converting business entity does hereby submit these Articles of Conversion for the purpose of converting to a different business entity.

Box 1

☒ **Converting Within The Records of the Ohio Secretary of State**

Box 2

☐ **Converting Off The Records of the Ohio Secretary of State**

187-VXX

Complete the information in this section if Box 1 or Box 2 is checked above

The name of the converting business entity is Cardinal Health 414, Inc.

existing under the laws of the state or country of Delaware

The converting business entity is **(Check One)**

- ☐ Domestic Corporation
☐ Domestic Partnerships
☒ Foreign Corporation
☐ Foreign Limited Liability Co.
☐ Foreign Limited Liability Partnership

- ☐ Domestic Limited Liability Co.
☐ Domestic Limited Partnership
☐ Domestic Limited Liability Partnership
☐ Foreign Limited Partnership
☐ Business Trust

The converting entity hereby states they have complied with all laws under the state in which it exists. Furthermore, said law permits for said conversion.

The resulting business entity is **(Check One)**

- ☐ Domestic Corporation
☐ Domestic Partnerships
☐ Foreign Corporation
☒ Foreign Limited Liability Co.
☐ Foreign Limited Liability Partnership

- ☐ Domestic Limited Liability Co.
☐ Domestic Limited Partnership
☐ Domestic Limited Liability Partnership
☐ Foreign Limited Partnership
☐ Business Trust

The name of the resulting business entity is Cardinal Health 414, LLC

existing under the laws of state or country of Delaware

The effective date of conversion will be upon filing, unless a date is specified
(See Instructions)

Date

The name and address of the person or entity that will provide a copy of the declaration of conversion upon written request:

McLennan H. Thompson (Legal), Cardinal Health, Inc., 7000 Cardinal Place

Name & Address

Dublin

Ohio

43017

City

State

Zip Code

Required information that must accompany conversion certificate if Box 1 is checked.

If the conversion creates a new domestic corporation, limited liability company, limited partnership or a partnership having limited liability, attach the form prescribed by the secretary of state for the *specific entity type* to the certificate of conversion. (See *Instructions*)

Required information that must accompany conversion certificate if Box 2 is checked.

If the converting entity is a domestic or foreign entity that will not be licensed in this state, provide the name and address of the statutory agent upon whom any process, notice or demand may be served:

Name of Statutory Agent

Ohio

Street Address

City

Zip Code

If the converting entity is a domestic or foreign corporation licensed to transact business in Ohio, and converting off the records, the certificate of conversion must be accompanied by the affidavits herein attached. (See *Instructions*)

IN WITNESS WHEREOF, the declaration of conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Must be signed by
An authorized
representative(s)

Authorized Representative

John M. Adams, Jr., Assistant Secretary

Title

Authorized Representative

Title

Authorized Representative

Title



For more information, visit
www.sos.state.oh.us

Prescribed by :

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
☐ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
☐ No	PO Box 670 Columbus, OH 43216

ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY (Domestic or Foreign) Filing Fee \$125.00

THE FOLLOWING PERSON IS/ARE DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) ☐ Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	(2) ☒ Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705 Delaware 06/30/2007 (Date of Formation) (State)
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Complete the general information in this section for the box checked above.

Name	Cardinal Health 414, LLC
Check here if additional provisions are attached If checked, the provisions must include one of the following endings: limited liability company, limited, Ltd., L.L.C., LLC, L.L.C.	

Complete the information in this section if box (1) is checked.

Effective Date (Optional)	Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.	
(month/day/yyyy)		
How long the company shall exist for	(Period of existence)	
(months)		
Principal Office		
(City)	(State)	(Zip Code)
The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of the limited liability company is: (Name) (Street) (City) (State) (Zip Code)		

Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned is authorized member, manager or representative of

(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

(Name of Agent)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio
(State)

(Zip Code)

Must be authenticated by an
authorized representative

Authorized Representative

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.

It's signed

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

Melanie H. Thompson, Corporate Legal Administrator

(Name)

Cardinal Health, Inc., 7000 Cardinal Place

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Dublin

Ohio

43017

(City)

(State)

(Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

Cardinal Health 414, LLC

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

CSC Lawyers Incorporating Service (Corporation Service Company)

(Name)

50 West Broad Street, Suite 1800

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Columbus

Ohio

43215

(City)

(State)

(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- the agent cannot be found, or
- the limited liability company fails to designate another agent when required to do so, or
- the limited liability company's registration to do business in Ohio expires or is cancelled.

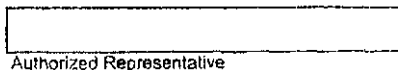
REQUIRED

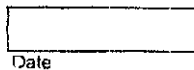
Must be authenticated (signed)
by an authorized representative
(See Instructions)


Authorized Representative

1/13 2007
Date

John M. Adams, Jr., Assistant Secretary to Sole Member, Cardinal
(Print Name)
Health 100, Inc.


Authorized Representative


Date

(Print Name)