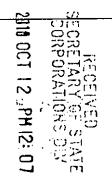
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State of Rhode Island and Providence Plantations Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

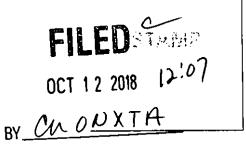


Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

| orpose submits the following statement. | | |
|---|--|-------------------------------|
| 1. The name of the limited liability company is | : | |
| ALLYSCRIPTS, LLC | | |
| is this company organized in its state or coun | try of formation as a low-profit limited | liability company? Yes 🗌 No 🗸 |
| The name, if different, under which it propose | | |
| 2. The LLC is organized under the laws of: | ALABAMA | |
| 3. The date of its organization is: 11/2 | 8/15 | |
| And the period of its duration is: CHECK ON | E BOX ONLY | |
| Perpetual (on-going) | | |
| Date certain for dissolution | | |
| 4. The name and address of the resident age | nt/office in Rhode Island is: | |
| Agent Name Corporation Service Compar | У | |
| Street Address (NOT a P.O. Box) 222 Jeffer | son Boulevard, Suite 200 | |
| City/Town Warwick | State RHODE ISL | AND Zip Code 02888 |
| 5. The purpose or purposes which it propose PHARMACEUTICAL SALES | s to pursue in the transaction of busin | ness in Rhode Island are: |
| | | |

Check the box to indicate an attachment

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



| diligence. | e resident agent cannot be found or | served following the exercise of reasonable | | |
|---|--|---|--|--|
| 7. The address of the office required to be if not so required, of the principal office of t | maintained in the state or country o he foreign limited liability company | f its organization by the laws of that state or, is: | | |
| 201B LONNIE E CRAWFORD BLVD | SCOTTSBORO, ALABAMA 35 | 5769-7408 | | |
| 8. The mailing address for the limited liabili 2018 LONNIE E CRAWFORD BLVD | | 5769-7408 | | |
| 9. Management of the Limited Liability Cor | npany: | | | |
| 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 | | | |
| JON COPELAND | 201B LONNIE E CRAWFORD | BLVD SCOTTSBORO, AL 35769-7408 | | |
| LISA PIERCE | 2018 LONNIE E CRAWFORD | BLVD SIOTTSBORD, AL 35769-7408 | | |
| | | | | |
| | | | | |
| 10. This application must be accompanied formation dated within 60 days of the date | by a <u>Certificate of Good Standing/</u> of filing. | Letter of Status from the state or country of | | |
| 11. Date when this application for Certifica | te 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 | of filing) | | |
| Under penalty of peŋury, I declare and aff accompanying attachments, and that all s | irm that I have examined this Applic tatements contained herein are true | cation for Registration, including any e and correct. | | |
| Type or Print Name of LLC | | Date | | |
| ALLYSCRIPTS, LLC | | 11-007-18 | | |
| Signature of Authorized Person | | | | |

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John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

State of Alabama

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that AllyScripts, LLC was formed in Jackson County, Alabama on November 23, 2015. The Alabama Entity Identification number for this entity is 349-655. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20181012000017720

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/12/2018

Date

X 74. Menill

John H. Merrill

Secretary of State



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 12, 2018 12:07 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

