

Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Division of Business Services  
148 W. River Street  
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

2013 APR - 1 AM 9:23  
SECRETARY OF STATE  
CORPORATIONS DIV

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, 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:

ANOVORX DISTRIBUTION LLC

☐ This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

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3. The limited liability company is organized under the laws of TN

4. The date of its organization is 1-11-2013

5. The period of duration of the limited liability company is (if perpetual, so state) PERPETUAL

6. The address of the limited liability company's resident agent in Rhode Island is:

10 Dorrance Street, Suite 530 PROVIDENCE, RI 02903  
10 Weybosset Street (Street Address, not P.O. Box) See attached (City/Town) (Zip Code)

and the name of the resident agent at such address is C T CORPORATION SYSTEM  
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

1710 N SHELBY OAKS DR STE 2 MEMPHIS TN 38134

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

1710 N SHELBY OAKS DR STE 2 MEMPHIS TN 38134

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BY 02194124

10. Management of the Limited Liability Company:

- A. The limited liability company is to be managed ☐ by its members. *(If you have checked this box, go to item no. 11.)*

or

- B. The limited liability company is to be managed ☒ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
JON B PETERS	1710 N SHELBY OAKS DR STE 2
	MEMPHIS TN 38134

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

12. The date this Application for Registration is to become effective, if later than the date of filing, is:

4-1-2013

(not prior to, nor more than 30 days after, the filing of this Application for Registration)

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.

Date: 03/07/2013

ANOVORX DISTRIBUTION, LLC

Print Exact Name of Limited Liability Company Making Application

By

Jon B Peters

Signature of Authorized Person

PRESIDENT/  
MANAGING MEMBER



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**CATHY BELLEHUMEUR**  
STE 2  
1710 N SHELBY OAKS DR  
MEMPHIS, TN 38134-7403

February 25, 2013

**Request Type: Certificate of Existence/Authorization**  
Request #: 0090424

Issuance Date: 02/25/2013  
Copies Requested: 2

**Document Receipt**

Receipt #: 925735  
Payment-Check/MO - ANOVORX GROUP, LLC, MEMPHIS, TN  
Filing Fee: \$40.00  
\$40.00

**Regarding: AnovoRx Distribution, LLC**  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 01/11/2013  
Status: Active  
Duration Term: Perpetual  
Business County: SHELBY COUNTY

Control #: 706058  
Date Formed: 01/11/2013  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**AnovoRx Distribution, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Sheila Keeling

Verification #: 002556213



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, 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:

A. RALPH MOLLIS

*Secretary of State*

