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

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## **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:

Agility Health, 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:

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

- 4. The date of its organization is December 18, 2012
- 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:

222 Jefferson Boulevard, Suite 200	Warwick	, RI	02888
(Street Address, not P.O. Box)	(City/Town)		(Zip Code)
and the name of the resident agent at such address is $\frac{c}{c}$	Corporation Service Company		

(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:

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

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607 Dewey Ave. NW Suite	300	
Grand Rapids, MI 49504	FILED	
orm No. 450 Revised: 07/12	NOV 222013 12-1 pm	

10. Management of the Limited Liability Company (check one only):

A. The limited liability company is to be managed by its members. (If you have checked this box, go to item No. 11 – DO <u>NOT</u> LIST ANY NAMES IN SECTION B.)

<u>or</u>

B. The limited liability company is to be managed vertical 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>	Address	1. A.
Steven Davidson	607 Dewey Ave. NW Suite 300, Grand Rapids, MI 49504	
Kenneth Scholten	607 Dewey Ave. NW Suite 300, Grand Rapids, MI 49504	
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- 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:

(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: November 21, 2013

**Agility Health, LLC** 

By

Print Exact Name of Limited Liability Company Making Application

Signature of Authorized Person

Delaware

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PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGILITY HEALTH, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGILITY HEALTH, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock, Secretary of State AUTHENTICATION: 0918721

5260991 8300

131338948 You may verify this certificate online at corp.delaware.gov/authver.shtml

DATE: 11-22-13

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:

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A. RALPH MOLLIS Secretary of State

