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

LIMITED LIABILITY COMPANY

2015 OCT 15 PM 12: 24

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:			
	Primus Healthcare, 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 limited liability company is organized under the laws of Delaware The date of its organization is 8/7/2015			
3.				
4.				
5.				
6.	The address of the limited liability company's resident agent in Rhode Island is:			
	10 Dorrance Street #700	Providence	_, RI <u>02903</u>	
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)	
	and the name of the resident agent at such address is Corporate Creations Network Inc. (Name of Agent)			
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of process if at a time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonab diligence.			
8.	The address of any office required to be main limited liability company is organized is:	ntained in the state or other jurisdiction	under the laws of which the	
	2711 CENTERVILLE RD SUITE 400 WILMINGTON,	DE 19808		
9.	The mailing address for the limited liability company is:			
	8 Wright Street, Suite 107 Westport, CT 06880			
.		FILED		
	rm No. 450 v/ised: 07/12	OCT 15 2015		

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 NOT LIST ANY NAMES IN SECTION B.)			
<u>or</u>				
В.	B. The limited liability company is to be managed by one (1) or more managers. (If the limited liccompany has managers at the time of the filling of these Articles of Organization, state the name address of each manager.)			
	<u>Manager</u>	<u>Address</u>		
au	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. The date this Application for Registration is to become effective, if later than the date of filing, is:			
	(not prior to, nor more t	han 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.		
ate: <u>1</u>	0/15/2015	Primus Healthcare, LLC		
		Print Blact Name of Limited Liability Company Making Application		
		Signature of Authorized Person		

.

•

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PRIMUS HEALTHCARE, 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-EIGHTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIMUS HEALTHCARE, LLC" WAS FORMED ON THE SEVENTH DAY OF AUGUST, A.D. 2015.

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

305 38 ATIONS DIF



5800654 8300 SR# 20150291565 Authentication: 10142694

Date: 09-28-15