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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: 1. The name of the limited liability company is: Medela LLC Is this company organized in its state or country of formation as a low-profit limited liability company? Yes[No x The name, if different, under which it proposes to register and transact business in Rhode Island is: 2. The LLC is organized under the laws of: Delaware 3. The date of its organization is: 06/23/1980 And the period of its duration is: CHECK ONLY ONE BOX x Perpetual (on-going) Date certain for dissolution 4. The name and address of the resident agent/office in Rhode Island is: Agent Name C T Corporation System Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A Zip Code 02914 City/Town RHODE ISLAND East Providence 5. The Department 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. 6. 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:

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

c/o The Corporation Trust Company, 1209 Orange Street, Wilmington, DE 19801

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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BY On 294400

FORM 450 - Revised: 05/2016

	<u> </u>						
7. The mailing address for the limited liability company is:							
1101 Corporate Drive, McHenry, IL 60050							
8. Management of the Limited Liability Company:							
The limited liability company is managed:							
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)							
───────────────────────────────────							
MANAGER	ADDRESS						
Melissa Gonzales	1101 Corporate Drive, McHenry, IL 60050						
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.							
10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX							
□ Date received (Upon filing)							
Later effective date (Date must be no more than 30 days from the day of filing)							
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.							
Type or Print Name of LLC		Date					
Medela LLC	1/26/2017						
Signature of Authorized Person Mullelle Muller							

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

DELAWARE, DO HEREBY CERTIFY "MEDELA 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-FIFTH DAY OF JANUARY, A.D. 2017.

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

Authentication: 201931073

Date: 01-25-17

SR# 20170446544