State of Rhode Island and Providence Plantations Department of State - Business Services I	Division	
Application for Registration		SETAND
FOREIGN Limited Liability Company		0 m.
→ Filing Fee: \$150.00		PECE BUS SV BUS T-1
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for a Certificate of Registration to transact business in purpose submits the following statement:	oreign limited liability company the state of Rhode Island, and f	nereby \cap\alpha\al
The name of the limited liability company is:		ü m
Foundation Care LLC		
Is this company organized in its state or country of formati	on as a low-profit limited liability	company? Yes NoX
The name, if different, under which it proposes to register and	I transact business in Rhode Isl	and is:
The LLC is organized under the laws of: Missauri		
2. The EEC is organized under the laws of. Missouri		
3. The date of its organization is: 03/01/2004		
And the period of its duration is: CHECK ONLY ONE BOX		
▶ Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office in Rhod	de Island is:	
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parks	way. Suite 7A	
City/Town East Providence.	State RHODE ISLAND	Zip Code 02914

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

6. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited

MAIL TO:

diligence.

Division of Business Services

liability company is organized is:

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

7700 Forsyth Blvd., Suite 800, Saint Louis, MO 63105

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 0 4 2017 MF1:31

BY CM 314059

7. The mailing address for the limited liability company is:			
7700 Forsyth Blvd., Suite 800, Saint Louis, M	IO 63105		
8. Management of the Limited Liability Co	mpany:		
The limited liability company is managed:			
By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the char	t below.)	
■ By one (1) or more managers (List m	anagers below)		
MANAGER	ADDRESS		
AcariaHealth, Inc.	7700 Forsyth Blvd., Suite 800, Saint Louis, MO 63105		
This application is accompanied by a C state or country under the laws of which it.	Pertificate of Good Standing/Letter of Status issued to tis formed that is dated within 60 days of the filing of	by the proper officer of the fitting 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 af accompanying attachments, and that all s	firm that I have examined this Application for Regist statements contained herein are true and correct.	ration, including any	
Type or Print Name of LLC		Date	
Foundation Care LLC		10/2/17	
Signature of Authorized Person			
entre ino	SIGN DOCUMENT HERE		

STATE OF MISSOUR



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Foundation Care LLC LC0572814

was created under the laws of this State on the 1st day of March, 2004, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 2nd day of October, 2017.

Secretary of State

Certification Number: CERT-10022017-0073