

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersign applies for a Certificate of Registration to transact busin purpose submits the following statement:	ness in the state of Rhode Island, and fo	or that
The name of the limited liability company is:		
CardioNet, LLC		company? Yes NoX
Is this company organized in its state or country of	formation as a low-profit limited liability	-
The name, if different, under which it proposes to regis	ster and transact business in Knode isi	and is.
2. The LLC is organized under the laws of:	Delaware	
3. The date of its organization is:	08/01/2013	
And the period of its duration is: CHECK ONLY ONE  X Perpetual (on-going)	ВОХ	
Date certain for dissolution	in Phode Island is:	
4. The name and address of the resident agent/office  Agent Name  C T Corporation System	THE PARIOUS ISSUED TO	
Street Address (NOT a P.O. Box) 450 Veterans Memor	rial Parkway, Suite 7A	
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
<ol><li>The Department of State is appointed the agent of time there is no resident agent or if the resident agen diligence.</li></ol>	it calliot be lould of our ver interesting	
The address of any office required to be maintaine liability company is organized is:	ed in the state or other jurisdiction unde	r the laws of which the limited
1209 Orange Street, Wilmington, DE 19801-0000		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 1 6 2018

FORM 450 - Revised: 08/2016

7. The mailing address for the limited liability company is:			
1000 Cedar Hollow Road Suite 102, Malvem, PA 19355			
8. Management of the Limited Liability Cor	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 chart	below.)	
By one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
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			
X 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			
Under penalty of perjury, I declare and an accompanying attachments, and that all s	statements contained herein are true and correct.		
Type or Print Name of LLC		Date	
CardioNet, LLC		1/15/18	
Signature of Authorized Person			

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CARDIONET, 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 FIFTEENTH DAY OF JANUARY, A.D. 2018.

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

4336542 8300 SR# 20180252929 Authentication: 201969764

Date: 01-15-18