

Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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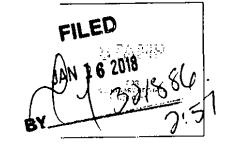
Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

4. The name of the limited lightlifty company is:			
The name of the limited liability company is:			
Mallinckrodt ARD Finance LLC			
Is this company organized in its state or country of formation	on as a low-profit limited liabilit	y company? Yes No	
The name, if different, under which it proposes to register and	transact business in Rhode Is	land is:	
2. The LLC is organized under the laws of:	Delaware		
3. The date of its organization is:	9/22/2015		
And the period of its duration is: CHECK ONLY ONE BOX			
Perpetua' (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			
City/Town Hast Providence	State RHODE ISLAND	Zip Code <sub>02914</sub>	
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:  1209 Orange Street, Wilmington, IDE 12901			
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MAIL TO:

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

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



7. The mailing address for the limited liability company is:				
675 McDonnell Blvd., Hazelwood, MO 63042				
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 chart below.)				
X   By one (1) or more managers (List managers below)				
MANAGER	ADDRESS			
Kathleen A, Schaefer	675 McDonnell Blvd., Hazelwood, MO 63042			
John E. Einwalter	675 McDonnell Blvd., Hazelwood, MO 63042			
Marvin R Haselhorst	675 McDonnell Blvd., Hazelwood, MO 63042			
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 accompanying attachments, and that all statements contained horein are true and correct.				
Type or Print Name of LLC	Date			
Mallinckrodt ARD Finance LLC	1-10-18			
Signature of Authorized Person				
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MALLINCKRODT ARD FINANCE 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.

Authentication: 201969562

Date: 01-15-18