



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 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:		
eviCore healthcare MSI, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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: Tennessee		
3. The date of its organization is: 7/28/2005		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Medical Benefits Management		
Check the box to indicate an attachment <input checked="" type="checkbox"/>		

RECEIVED
 SECRETARY OF STATE
 2018 JAN 25 AM 10:24
 CORPORATIONS DIV

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED STATE

JAN 25 2018

BY 302658

FORM 450 - Revised 11/2017
 A.A. 10:24 AM

6. The RI 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.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

400 BUCKWALTER PLACE BLVD., BLUFFTON, SC 29910

8. The mailing address for the limited liability company is:

400 Buckwalter Place Boulevard, Bluffton, SC 29910

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

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
MedSolutions Holdings, Inc.	400 Buckwalter Place Boulevard, Bluffton, SC 29910

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

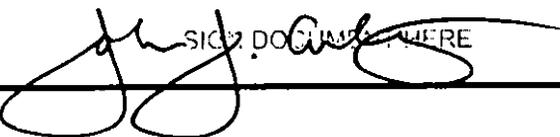
11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 30 days from the date 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 eviCore healthcare MSI, LLC	Date 1/12/18
--	-----------------

Signature of Authorized Person
 SIGN DOCUMENT HERE



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

EVICORE HEALTHCARE
PAULA BROWN
400 BUCKWALTER PLACE BLVD.
BLUFFTON, SC 29910-5150

January 11, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0263025

Issuance Date: 01/11/2018
Copies Requested: 1

Document Receipt

Receipt #: 003737011 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3718845437 \$20.00

Regarding: eviCore healthcare MSI, LLC

Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 07/28/1995
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control #: 298131
Date Formed: 07/28/1995
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

eviCore healthcare MSI, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 025926831

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JAN 25 2:10:24

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JAN 17 PM 2:00