



State of Rhode Island and Providence Plantations
Department of State - Business Services Division
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

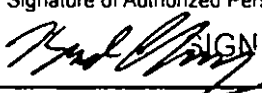
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 SECRETARY OF STATE
 CORPORATIONS DIV
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Application for Registration
FOREIGN Limited Liability Company
 Filing Fee: \$150.00

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:		
SDX Home Care Operations, L.L.C.		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒		
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:	07/29/2010	
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 Rhode Island is:		
Agent Name Eric Sanchez		
Street Address (NOT a P.O. Box) 1525 Old Louisquisset Pike C201		
City/Town Lincoln	State RHODE ISLAND	Zip Code 02865
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:		
9801 Washingtonian Blvd, Gaithersburg, MD 20878		

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 BY *[Signature]* 330005

7. The mailing address for the limited liability company is:		
1 Park Plaza, Suite 300, Irvine, CA 92614		
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.)		
☐ By one (1) or more managers (List managers below)		
MANAGER	ADDRESS	
	If you check the second box to indicate that the LLC is managed by one or manager(s), state their names and respective addresses in the chart below.	
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.		
Signature of Authorized Person	Type or Print Name of LLC	Date
 SIGN DOCUMENT HERE	SDX Home Care Operations	4/30/2018

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SDX HOME CARE OPERATIONS, L.L.C." 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 THIRTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SDX HOME CARE OPERATIONS, L.L.C." WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2010.

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Jeffrey W. Bullock, Secretary of State

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SR# 20182645943

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202505340

Date: 04-13-18



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 04, 2018 11:04 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

