

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

## **Application for Registration**

FOREIGN Limited Liability Company

 $\rightarrow$  Filing Fee: \$150.00

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:

1. The name of the limited liability company is:

## EaglePicher Medical Power, LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes

The name, if different, under which it proposes to register and transact business in Rhode Island is:

N/A

2. The LLC is organized under the laws of:

the State of Delaware

3. The date of its organization is: October 9, 2008

And the period of its duration is: CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name

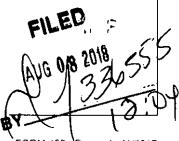
**Corporation Service Company** 

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 Rh	node Island are:
Battery technology sales.		

Check the box to indicate an attachment

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



FORM 450 - Revised 11/2017



No 🔽

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:				
120 S. Central Avenue, Suite 200, St. Louis, Missouri 63105				
8. The mailing address for the limited liability company is:				
120 S. Central Avenue, Suite 200, St. Louis, Missouri 63105				
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			
OMG Energy Holdings, Inc.	120 S. Central Avenue, Suite 200, St. Louis, Mi	ssouri 63105		
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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)				
	rm that I have examined this Application for Regist tatements contained herein are true and correct.	ration, including any		
Type or Print Name of LLC		Date		
EaglePicher Medical Power, LLC		August 3, 2018		
Signature of Authorized Person				
By: Amy Yates, Secretary and Treasurer				

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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.



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EAGLEPICHER MEDICAL POWER, 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 SEVENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EAGLEPICHER MEDICAL POWER, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2008.

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



Joffrey W. Buffice, Secretary of Elste

Authentication: 203207206 Date: 08-07-18

4610543 8300 SR# 20186060705 You may verify this certificate online at corp.delaware.gov/authver.shtml

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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:

August 08, 2018 12:04 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

