RI SOS Filing Number: 202051793580 Date: 9/3/2020 10:22:00 AM



Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150 00

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	M. C. Z.

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned fo applies for a Certificate of Registration to transact business in t purpose submits the following statement:	reign limited liability company he State of Rhode Island, and	r hereby d for that		
1. The name of the limited liability company is: •				
Truax Patient Services, LLC				
Is this company organized in its state or country of formation a	as a low-profit limited liability of	company? 🕻 Yes 🔲 No 🕱		
The name, if different, under which it proposes to register and				
2 The LLC is organized under the laws of: Minnesota				
3. The date of its organization is: 8/10/2020				
And the period of its duration is: CHECK ONE BOX ONLY				
X Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident agent/office in Rhode	e Island is. 📢			
Agent Name Business Filings Incorporated				
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway Suite 7A				
City/Town East Providence	State RHODE ISLAND	Zio Code 02914		
5. The purpose or purposes which it proposes to pursue in the	transaction of business in RI	node Island are: 🍪		
Pharmacy				
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 FILED

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CONTRACT SOURCES A COLD

6. The RI Department of State is appointe any time, there is no resident agent or if the diligence.	d the agent of the foreign limited liability company for the resident agent cannot be found or served following the company of the company	or service of process if, at ng the exercise of reasonable			
The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organization	n by the laws of that state or,			
1112 Railroad St Suite 4, Bemidji, Minnes					
8. The mailing address for the limited liabil	lity company is: 🍪				
1112 Railroad St Suite 4, Bemidji, Minnes	ota 56601				
Management of the Limited Liability Cor	mpany: 🚱				
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				
					
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 affi accompanying attachments, and that all s	rm that I have examined this Application for Registr tatements contained herein are true and correct.	ation, including any			
Type or Print Name of LLC		Date			
Truax Patient Services, LLC	8/31/2and				
Signature of Authorized Person	Brian	Truax, Member			
Bin Twas					

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Truax Patient Services, LLC

Date Filed:

08/10/2020

File Number:

1171015400027

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

08/27/2020



Atere Pinn

Steve Simon

Secretary of State
State of Minnesota

PATENTS SEE DIN 2012 SEP -3 AM 10: 2

RI SOS Filing Number: 202051793580 Date: 9/3/2020 10:22:00 AM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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:

September 03, 2020 10:22 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

