



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

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2020 SEP -3 AM 10:22

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: <input type="text"/>		
Truax Patient Services, 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: <input type="text"/>		
2. The LLC is organized under the laws of: <input type="text"/> Minnesota		
3. The date of its organization is: <input type="text"/> 8/10/2020		
And the period of its duration is: CHECK ONE BOX ONLY <input type="checkbox"/>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution <input type="text"/>		
4. The name and address of the resident agent/office in Rhode Island is: <input type="text"/>		
Agent Name Business Filings Incorporated		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: <input type="text"/>		
Pharmacy		
Check the box to indicate an attachment <input type="checkbox"/>		

MAIL TO:

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

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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: ☹️
1112 Railroad St Suite 4, Bemidji, Minnesota 56601

8. The mailing address for the limited liability company is: ☹️
1112 Railroad St Suite 4, Bemidji, Minnesota 56601

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

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 Truax Patient Services, LLC	Date 8/31/2020
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Signature of Authorized Person
Brian Truax

Brian Truax, Member

**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



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota

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