

Application for Registration

FOREIGN Limited Liability Company

→ 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:

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purpose submits the following statement:		<u> </u>	
1. The name of the limited liability company is:			
Acella Pharmaceuticals, LLC			
Is this company organized in its state or country	of formation as a low-profit limited liability of	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:	State of Delaware		
3. The date of its organization is: Novem	ber 6, 2007		
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:	
To engage in any lawful business permitted under the laws of the state, including but not limited to pharmaceutical 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 FILED

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FORM 450 - Revised: 08/2020

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any time, there is no resident agent or if t diligence.	ed the agent of the foreign limited liability company he resident agent cannot be found or served follow	for service of process if, at ving the exercise of reasonable	
7. The address of the office required to be if not so required, of the principal office of	e maintained in the state or country of its organizat the foreign limited liability company is:	ion by the laws of that state or,	
CSC, 251 Little Falls Drive, Wilmington, D	-		
8. The mailing address for the limited liab 1880 McFarland Parkway, Suite 110 Alpharetta, GA 30005	ility company is:		
9. Management of the Limited Liability Co	mpany:	 	
The Limited Liability Company is to be ma	naged by: CHECK ONLY ONE BOX		
By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the cha	urt below.)	
By one (1) or more managers (List m	anagers below)		
MANAGER	ADDRESS		
Harold Arthur Deas, Jr.	1880 McFarland Parkway, Suite 110, Alpharetta, GA 30005		
Michael Stresser	1880 McFarland Parkway, Suite 110, Alpharetta, GA 30005		
formation dated within 60 days of the date			
11. Date when this application for Certifica	te of Registration will be effective: CHECK ONE B	OX ONLY	
✓ Date received (Upon filing)			
Later effective date (Date must be no	more than 90 days from the date of filing)		
Under penalty of perjury, I declare and affii accompanying attachments, and that all st	rm that I have examined this Application for Regist atements contained herein are true and correct.	ration, including any	
Type or Print Name of LLC		Date	
Acella Pharmaceuticals, LLC		09/21/2020	
Signature of Authorized Person			

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACELLA PHARMACEUTICALS, 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 TWENTY-SECOND DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACELLA

PHARMACEUTICALS, LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D.

2007.

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

Authentication: 203328175

Date: 07-22-20