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R.I. DEPT. OF STATE  
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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:  |                       |                   |
| Optimize Medical Group Limited Liability Company  |                       |                   |
| 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:   |                       |                   |
|   |                       |                   |
| 2. The LLC is organized under the laws of: Maryland   |                       |                   |
| 3. The date of its organization is: 9/4/2020  |                       |                   |
| And the period of its duration is: CHECK ONE BOX ONLY   |                       |                   |
| <input checked="" type="checkbox"/> Perpetual (on-going)  |                       |                   |
| <input type="checkbox"/> Date certain for dissolution _____   |                       |                   |
| 4. The name and address of the resident agent/office in Rhode Island is:  |                       |                   |
| Agent Name Registered Agents Inc  |                       |                   |
| Street Address (NOT a P.O. Box) 47 Wood Avenue, Suite 2   |                       |                   |
| City/Town<br>Barrington   | State<br>RHODE ISLAND | Zip Code<br>02806 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  |                       |                   |
| Medical services provided to healthcare facilities in Rhode Island.   |                       |                   |
| 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:  
1232 Race Road, Ste 403, Rosedale, MD 21237-2386

8. The mailing address for the limited liability company is:  
Optimize Medical Group PO Box 72098, Rosedale, MD 21237-8098

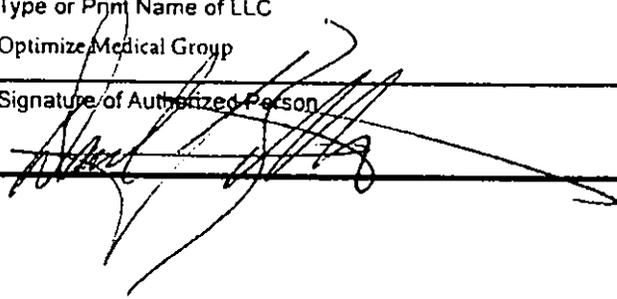
9. Management of the Limited Liability Company.  
The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**  
 By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)  
 By one (1) or more managers (List managers below)

| MANAGER        | ADDRESS  |
|----------------|--|
| John Ngugi, NP | 1232 Race Road, Ste 403, Rosedale, MD 21237-2386 |
|                |  |
|                |  |
|                |  |

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 90 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<br>Optimize Medical Group   | Date<br>09/02/2020 |
| Signature of Authorized Person<br> |                    |

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](mailto:corporations@sos.ri.gov).

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT OPTIMIZE MEDICAL GROUP LIMITED LIABILITY COMPANY (W20907168), REGISTERED SEPTEMBER 04, 2020, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 19, 2020.



Michael L. Higgs  
Director



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice

Online Certificate Authentication Code: f6QU4UavFU\_d4U4oRvVlg  
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>

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