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State of Rhode Island

Department of State - Business Services Division

Application for Transfer of AuthorityFOREIGN Business Corporation, Limited Partnership,
Limited Liability Company, Limited Liability Partnership or
Non-Profit Corporation

Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number: 001673539	2. The full name of the entity filing this application is: Lenoss Medical, LLC
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Business Corporation <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership	
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY) <input type="checkbox"/> Limited Liability Company (RIGL 7-16-52.1) <input checked="" type="checkbox"/> Business Corporation (RIGL 7-1.2-1411.1) <input type="checkbox"/> Non-Profit Corporation (RIGL 7-6-80.1) <input type="checkbox"/> Limited Partnership (RIGL 7-13-52.1) <input type="checkbox"/> Limited Liability Partnership (RIGL Title 7, as applicable)	
5. The date the applicant qualified to conduct business in Rhode Island is: May 8, 2017	6. The jurisdiction upon transfer of authority is: Delaware
7. The name of the entity following the transfer of authority is: Lenoss Medical, Inc.	
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY <input type="checkbox"/> Application for registration for a Limited Liability Company <input checked="" type="checkbox"/> Application for certificate of authority for a Business Corporation <input type="checkbox"/> Application for certificate of authority for a Non-Profit Corporation <input type="checkbox"/> Certificate of registration for a Limited Partnership <input type="checkbox"/> Notice of registration for a registered Limited Liability Partnership	
8(a). This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good Standing/Legal Existence from the current jurisdiction of the entity.	

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 612- November 09/2020

TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY <i>Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above.</i>	
Type or Print Name of Limited Liability Company Lenoss Medical, LLC	
Signature of Authorized Person By:  Dominique D. Messeri, Manager	Date November 2, 2020
Signature of Authorized Person	Date
Type or Print Name of Corporation	
Signature of Authorized Person	Date
Signature of Authorized Person	Date
Type or Print Name of Partnership	
Signature of Partner	Date
Signature of Partner	Date
Signature of Partner	Date
Type or Print Name of Other Entity	
Signature of Authorized Person	Date
Signature of Authorized Person	Date

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.

FORM 610, Revised 06/2020



State of Rhode Island

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,
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:

November 05, 2020 12:19 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

