



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

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

STAMP

FOR
SECRETARY OF STATE
USE ONLY

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
Wellspect Inc.		
2. It is incorporated under the laws of: Delaware		
3. The name, if different, which it elects to use in Rhode Island is:		
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:		
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 2/14/2020		
And the period of its duration is: CHECK ONE BOX ONLY		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
5. The address of its principal office is:		
1235 Friendship Rd., Suite 205, Braselton, GA 30517		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name Corporation Service Company		
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888

2021 MAR - 2 PM 12:12
R.I. DEPT. OF STATE
BUS. SERVICES DIV.

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 STAMP

BY *[Signature]* MAR 2 2021 FOR SECRETARY OF STATE USE ONLY
FORM 150 - Revised: 12/2017
12:12

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: design, manufacture, marketing, sales and distribution of urological and surgical products																							
8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated): <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NAME</th> <th style="width: 70%;">ADDRESS</th> </tr> </thead> <tbody> <tr> <td>Eric Hymes</td> <td>1235 Friendship Rd., Suite 205, Braselton, GA 30517</td> </tr> <tr> <td>Ryan Dobrez</td> <td>1235 Friendship Rd., Suite 205, Braselton, GA 30517</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> Check the box to indicate an attachment ☐				NAME	ADDRESS	Eric Hymes	1235 Friendship Rd., Suite 205, Braselton, GA 30517	Ryan Dobrez	1235 Friendship Rd., Suite 205, Braselton, GA 30517														
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8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated): <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">OFFICE</th> <th style="width: 35%;">NAME</th> <th style="width: 50%;">ADDRESS</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>Eric Hymes</td> <td>1235 Friendship Rd., Suite 205, Braselton, GA 30517</td> </tr> <tr> <td>VICE PRESIDENT</td> <td>N/A</td> <td> </td> </tr> <tr> <td>TREASURER</td> <td>Peter Caradonna</td> <td>590 Lincoln St, Waltham, MA 02451</td> </tr> <tr> <td>SECRETARY</td> <td>Ryan Dobrez</td> <td>1235 Friendship Rd., Suite 205, Braselton, GA 30517</td> </tr> </tbody> </table> Check the box to indicate an attachment ☐				OFFICE	NAME	ADDRESS	PRESIDENT	Eric Hymes	1235 Friendship Rd., Suite 205, Braselton, GA 30517	VICE PRESIDENT	N/A		TREASURER	Peter Caradonna	590 Lincoln St, Waltham, MA 02451	SECRETARY	Ryan Dobrez	1235 Friendship Rd., Suite 205, Braselton, GA 30517					
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9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">NUMBER OF SHARES</th> <th style="width: 20%;">CLASS</th> <th style="width: 20%;">SERIES</th> <th style="width: 40%;">PAR VALUE OR STATE NO PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>common</td> <td>na</td> <td>\$0.01</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	1,000	common	na	\$0.01												
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10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.) 0 _____ %																							
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.) .05 _____ %																							

12. 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 this filing.

13. Date when the Certificate of Authority 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 Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

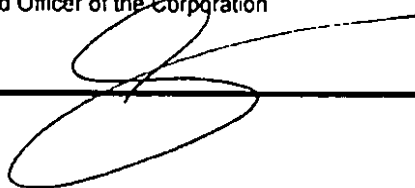
Type or Print Name of Authorized Officer

Date

Eric Itymos

03/01/2021

Signature of Authorized Officer of the Corporation



Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WELLSPECT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WELLSPECT INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2020.

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



7852390 8300

SR# 20210506616

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202538946

Date: 02-18-21



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:

March 02, 2021 12:12 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

