

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RIL DEPT. OF STATE
BUS SVCS DIV
2001 MAY 27 PM 12: 04

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: RemoteCare Solutions, LLC Is this company organized in its state or country of formation as a low-profit limited liability company? No 🔽 The name, if different, under which it proposes to register and transact business in Rhode Island is: SetMD 2. The LLC is organized under the laws of: Massachusetts 3. The date of its organization is: December, 11 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: Street Address (NOT a P.O. Box) City/Town State RHODE ISLAND 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Laboratory testing services (primarily COVID-19 testing) and other services related to health and film production.

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov 12:04

MAY 27 2021

Check the box to indicate an attachment [

BY SYNFC

FORM 450 - Revised: 08/2020

6. The RI Department of State is appoint		
diligence.	ed the agent of the foreign limited liability company the resident agent cannot be found or served follo	wing the exercise of reasonable
7. The address of the office required to b	e maintained in the state or country of its amagica	tion by the leave of the territory
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:		
100 Cambridge St. Floor 14, Boston, MA 02114		
8. The mailing address for the limited liability company is:		
100 Cambridge St. Floor 14, Boston, MA 02114		
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	
Paul Heinzelmann	34 Hull St. #3, Boston, MA 02113	
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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 affir	m that I have examined this Application for Regist etements contained herein are true and correct.	ration, including any
Type or Print Name of LLC	merrients contained herein are true and correct.	
RemoteCare Solutions, LLC (dba SetMD)		Date
		5/25/2021
Signature of Authorized Person		
		į



The Gommonwealth of Massachusetts Secretary of the Gommonwealth State House, Boston, Massachusetts 02133

May 26, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

REMOTECARE SOLUTIONS, LLC

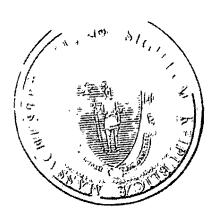
in accordance with the provisions of Massachusetts General Laws Chapter 156C on December 11, 2007.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: PAUL HEINZELMANN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: PAUL HEINZELMANN, MARK SHUB

The names of all persons authorized to act with respect to real property listed in the most recent filing are: PAUL HEINZELMANN, MARK SHUB



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Processed By:NGM