RI SOS Filing Number: 202100134720 Date: 8/13/2021 12:30:00 PM



Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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R.I. DEPTROFISTATE
BUS SVCS DIV

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:

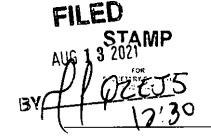
purpose submits the following statement:	ne otate of throat Island, and I	or triat	
The name of the limited liability company is:			
Suture Express, LLC			
Is this company organized in its state or country of formation a	as a low-profit limited liability co	mpany? Yes 🔲 No 🔽	
The name, if different, under which it proposes to register and transact business in Rhode Island is:			
			
2. The LLC is organized under the laws of: Kansas			
3. The date of its organization is: 05/26/1998			
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 (<u>NOT</u> 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 Rhode Island are:			
Market, sell, and supply surgical and medical, nursing, health care supplies			
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



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	d the agent of the foreign limited liability company for ne resident agent cannot be found or served following		
7. The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organizatio the foreign limited liability company is:	n by the laws of that state or,	
3 Lakes Dr, Northfield, IL 60093			
8. The mailing address for the limited liabil	lity company is:		
Attn: Legal Operations, 3 Lakes Dr, North	field, IL 60093		
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		
MEDLINE INDUSTRIES, INC.	Attn: Legal Operations, 3 Lakes Dr, Northfield, IL	60093	
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)			
	rm that I have examined this Application for Registr tatements contained herein are true and correct.	ration, including any	
Type or Print Name of LLC		Date	
Suture Express, LLC		08/09/2021	
Signature of Authorized Person			
Alex Liberman (Aug 10, 2021 08 59 CDT)			

STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2613214

Entity Name: SUTURE EXPRESS, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on May 26, 1998, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of August 11, 2021

SCOTT SCHWAB SECRETARY OF STATE

Got School

Certificate ID: 1186884 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

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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:

August 13, 2021 12:30 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

