

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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:

R. L. DEFT OF STATE BUS SVCS DIV

purpose submits the following statement:	the state of Knode Island, and	lor that		
The name of the limited liability company is:				
Heritage Biologics, LLC				
Is this company organized in its state or country of formation				
The name, if different, under which it proposes to register and	transact business in Rhode Isl	and is:		
2. The LLC is organized under the laws of: Kansas				
3. The date of its organization is: 11/10/2014				
And the period of its duration is: CHECK ONE BOX ONLY				
X 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 (NOT a P.O. Box)				
222 Jefferson Boulevard, Suite 200				
City/Town	State	Zip Code		
Warwick	RHODE ISLAND	02888		
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in Rho	ode Island are:		
Specialty Pharmacy				
•				
	Check the box	k 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 FILED

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diligence.	ed the agent of the foreign limited liability company the resident agent cannot be found or served following	ng the exercise of reasonable	
7. The address of the office required to be if not so required, of the principal office of 255 NW Victoria Dr., Ste B Lee's Summi	e maintained in the state or country of its organization the foreign limited liability company is: it, MO 64086	on by the laws of that state or,	
8. The mailing address for the limited liable 255 NW Victoria Dr., Ste B Lee's Summi	lity company is: it, MO 64086		
9. Management of the Limited Ljability Co	mpany:		
The Limited Liability Company is to be ma	naged by: CHECK ONLY ONE BOX		
X By its members (If you have check	ed this box, DO NOT fill out the chart below)		
By one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
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			
X 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 affi accompanying attachments, and that all st	rm that I have examined this Application for Registi tatements contained herein are true and correct.	ration, including any	
Type or Print Name of LLC Heritage Biologics, LLC		Date	
		9.21.21	
Signature of Authorized Person			

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: 9905407

Entity Name: HERITAGE BIOLOGICS, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on November 10, 2014, 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.

TO THE PARTY OF TH

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 05, 2021

SCOTT SCHWAB SECRETARY OF STATE

Certificate ID: 1186326 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.