RI SOS Filing Number: 202329322850 Date: 2/27/2023 2:58:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$150.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Foreign Limited Liability Company Application for Registration

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: Healthier Tomorrows, PLLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

__ Check if this company is organized in its state or country of formation as a low-profit limited liability company.

ARTICLE II

The name, if different, under which it proposes to register and transact business in Rhode Island is:

Healthier Tomorrows, LLC

ARTICLE III

The Limited Liability Company is organized under the laws of: State: <u>IL</u> Country: <u>USA</u>

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 02/27/2023

ARTICLE IV

The date of its organization is: 1/14/2009

ARTICLE V

The period of its duration is: X Perpetual

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 222 JEFFERSON BLVD.

SUITE 200

City or Town: WARWICK State: RI Zip: 02888

Name: REGISTERED AGENT SOLUTIONS, INC.

Article VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

NUTRITION COUNSELING

ARTICLE VIII

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 2551 N CLARK ST STE 400

City or Town: CHICAGO State: IL Zip: 60614 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: <u>2551 N CLARK ST STE 400</u>

City or Town: CHICAGO State: IL Zip: 60614 Country: USA

ARTICLE XI

The limited liabilty company is to be managed by its __ Members or __X Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MEGAN CAMPBELL	2551 N CLARK ST STE 400 CHICAGO, IL 60614 USA

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 27 Day of February, 2023 at 2:59:41 PM by the Authorized Person.

MEGAN J. CAMPBELL	
Form No. 450 Revised 09/07	
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To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

HEALTHIER TOMORROWS, PLLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 14, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of FEBRUARY A.D. 2023.

Authentication #: 2305504982 verifiable until 02/24/2024

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

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I, GREGG M. AMORE, 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:

February 27, 2023 02:58 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

