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State of Rhode Island Department of State - Business Services Division

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:

1. The name of the limited liability company is:

ZOLL Services LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes

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: Nevada

3. The date of its organization is: 12/26/2014

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 (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200

City/Town Warwick

State RHODE ISLAND

5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Wearable defibrillator leasing

Check the box to indicate an attachment

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

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:

121 Gamma Drive, Pittsburgh, PA 15238

8. The mailing address for the limited liability company is:

121 Gamma Drive, Pittsburgh, PA 15238

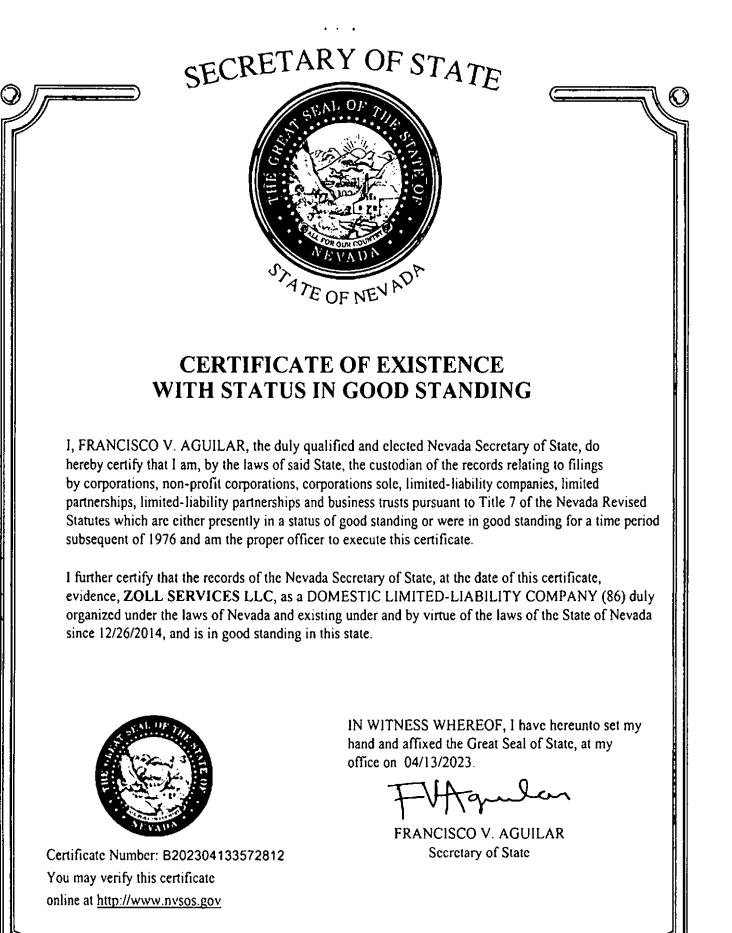
9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX

By its members (If you have checked this box, DO NOT fill out the chart below)

By one (1) or more managers (List managers below)

MANAGER	ADDRESS		
Sharon Kim	121 Gamma Drive, Pittsburgh, PA 15238		
10. This application must be accompar formation dated within 60 days of the d	nied by a <u>Certificate of Good Standing/Letter of</u> ate of filing.	Status from the state or country of	
11. Date when this application for Certi	ficate of Registration will be effective: CHECK (DNE BOX ONLY	
Date received (Upon filing)			
Later effective date (Date must be	no more than 90 days from the date of filing) _		
	affirm that I havo examined this Application for Il statements contained herein are true and con		
Type or Print Name of LLC		Date	
ZOLL Services LLC		4/12/2023	
Signature of Authorized Person			



State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

April 18, 2023 12:06 PM

Treg M. Coure

Gregg M. Amore Secretary of State

