_					
		State of Rhode Isl Office of the Secretary			Fee: \$310.0
		Division Of Business S			
		148 W. River Stre	et		
		Providence RI 02904-			
	1636	(401) 222-3040			
A	oreign Corporation pplication for Certificate of Author Section 7-1.2-1405 of the General Laws of				
		SECTION I			
	The name of the corporation is <u>SINGLE</u>	E USE SUPPORT INC.			
	It is incorporated under the laws of State	SECTION II e: <u>DE</u> Country: <u>USA</u>			
	This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing				
	SECTION III The name, if different, which it elects to use in Rhode Island: (a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR (b) if the corporation proposes to qualify and transact business under a different name, list that name:				
	Note: If option (b) is elected, a Fictitious	s Business Name Statement (FORM 624	1A) is required to 1	be filed with this	application
	The date of its incorporation is <u>12/13/202</u>	SECTION IV			
	and the period of its duration is <u>X</u> Per	petual			
		SECTION V			
	The location of its principal office is				
	No. and Street: 1900 WEST LOC	OP SOUTH, SUITE 1550			
	City or Town: <u>HOUSTON</u>		State: <u>TX</u>	Zip: <u>77027</u>	Country: <u>USA</u>
		SECTION VI			
	The address of its proposed registered of				
		<u>ON BLVD STE 200</u>	2 1 1		7: 02999
	City or Town: <u>WARWICK</u>		State: RI		Zip: <u>02888</u>
	and the name of its proposed registered a	agent in Rhode Island at that address is	CAPITOL CORI	<u>PORATE SERV</u>	ICES, INC.
	The purpose or purposes which it propose PROVIDES ADVANCED FLUID MA	-			IES
	FOR THE BIOPHARMA INDUSTRY	TO INCREASE PATIENT SAFETY			
	(a) The names and respective addresses which it is incorporated).	SECTION VIII of its directors (optional unless directors	s are required unde	er the laws of the	state or country of
	Title	Individual Name First, Middle, Last, Suffix	Address	Address s, City or Town, State, Zi	ip Code, Country
	PRESIDENT	THOMAS WURM	190	0 WEST LOOP SOUTH HOUSTON, TX 7702	

II			
	SECRETARY	JOHANNES KIRCHMAIR	1900 WEST LOOP SOUTH, SUITE 1550
II			HOUSTON, TX 77027 USA
	DIRECTOR	THOMAS WURM	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 USA
	DIRECTOR	JOHANNES KIRCHMAIR	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 USA
11			

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS WURM	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 USA
SECRETARY	JOHANNES KIRCHMAIR	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 USA
DIRECTOR	THOMAS WURM	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 USA
DIRECTOR	JOHANNES KIRCHMAIR	1900 WEST LOOP SOUTH, SUITE 1550 HOUSTON, TX 77027 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

	Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Num of Shares	
	CWP			\$1.0000	1,000.00
Ľ					

Signed this 8 Day of August, 2023 at 5:50:01 PM by the officers(s). *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By THOMAS WURM

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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Delaware

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SINGLE USE SUPPORT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SINGLE USE SUPPORT INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 203918393 Date: 08-08-23

6469851 8300

SR# 20233193018 You may verify this certificate online at corp.delaware.gov/authver.shtml 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:

August 08, 2023 05:49 PM

Treng M. Course

Gregg M. Amore Secretary of State

