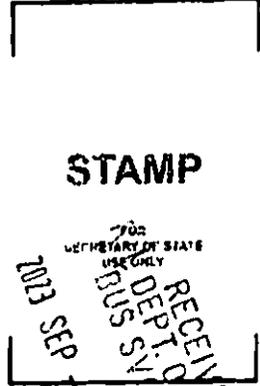




State of Rhode Island
 Department of State - Business Services Division

Application for Registration
FOREIGN Limited Liability Company

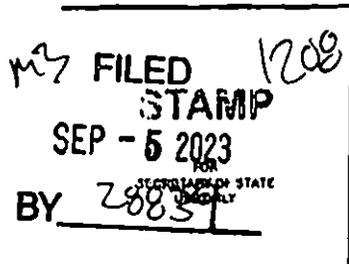
→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL 7-16-49, 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:		
Legend Laboratory Consultant LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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: <u>New Jersey</u>		
3. The date of its organization is: <u>05/15/2023</u>		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name <u>Registered Agent Solutions, Inc.</u>		
Street Address (NOT a P.O. Box) <u>222 Jefferson Blvd., Suite 200</u>		
City/Town <u>Warwick</u>	State <u>RHODE ISLAND</u>	Zip Code <u>02888</u>
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
<u>Consulting</u>		
Check the box to indicate an attachment <input type="checkbox"/>		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02804-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov



6. The RI 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.

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:

16 Cottonwood Drive, Jackson, NJ 08527

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

16 Cottonwood Drive, Jackson, NJ 08527

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 8. (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 Certificate of Good Standing/Letter of Status 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) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC

Legend Laboratory Consultant LLC

Date

8/30/2023

Signature (Authorized Person)



**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**LEGEND LABORATORY CONSULTANT LLC
0450969748**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 15, 2023.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ROBERT A. MCDONALD
16 COTTONWOOD DRIVE
JACKSON, NJ 08527



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of August, 2023

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6146132741

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp



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:

September 05, 2023 12:08 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

