State of Rhode Island Fee: \$150.00 Office of the Secretary of State Division Of Business Services 148 W. River Street 148 W. River Street				
Providence RI 02904-2615				
1636 (401) 222-3040				
Foreign Limited Lipbility Company				
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: One Team Surgical, LLC				
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.				
ARTICLE II				
The name, if different, under which it proposes to register and transact business in Rhode Island is:				
ARTICLE III				
The Limited Liability Company is organized under the laws of: State: \underline{MA} Country: \underline{USA}				
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:				
ARTICLE IV				
The date of its organization is: $7/11/2023$				
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 BOULEVARD, SUITE 200				
City or Town:WARWICKState: RIZip: 02888Name:FIRST CORPORATE SOLUTIONS, INC.				
Article VII				

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

DISTRIBUTION OF MEDICAL DEVICES AND ANY OTHER LAWFUL BUSINESS

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: <u>72 RIVER PARK STREET, SUITE 104</u>

NEEDHAM City or Town:

State: MA Zip: 02494 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street:	72 RIVER PARK STREET, SUITE 104		
City or Town:	<u>NEEDHAM</u>	State: MA	Zip: <u>0249</u> 4

94 Country: USA <u>A</u> Zip: <u>0249</u>

ARTICLE XI

The limited liability company is to be managed by its _____ Members* or _____ X___ Managers (check one)

* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	BENJAMIN BEAVER	72 RIVER PARK STREET, SUITE 104 NEEDHAM, MA 02494 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 10 Day of January, 2024 at 11:39:55 AM by the Authorized Person.

BENJAMIN BEAVER

Form No. 450 Revised 09/07

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William Francis Galvin Secretary of the Commonwealth **The Commonwealth of Massachusetts** Secretary of the Commonwealth State House, Boston, Massachusetts 02133

January 5, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ONE TEAM SURGICAL, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on July 11, 2023.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **BENJAMIN BEAVER**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **BENJAMIN BEAVER, KEVIN M. ELLIS**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **BENJAMIN BEAVER**



In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

illian Travis Italicin

Secretary of the Commonwealth

Processed By:PMLH