

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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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: LLCADMINONE Yes [Is this company organized in its state or country of formation as a low-profit limited liability company? No 🚺 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: Delaware 3. The date of its organization is: 06/29/23 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 (<u>NOT</u> a P.O. Box) 222 Jefferson Blvd Suite 200 State Zip Code City/Town 02888 Warwick - Kent County RHODE ISLAND 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: ADMINONE LLC is a dynamic and innovative third-party administrator specializing in claims processing services for the insurance and healthcare industries. Our mission is to streamline and optimize the claims management process, ensuring cost-efficiency, accuracy, and exceptional customer service for our clients. Check the box to indicate an attachment

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

6. The RI Department of State is appoint any time, there is no resident agent or if diligence.	ed the agent of the foreign limit the resident agent cannot be fo	ed liability company for service of process if, at und or served following the exercise of reasonable		
7. The address of the office required to be if not so required, of the principal office of		untry of its organization by the laws of that state or, npany is:		
1209 Orange Street Wilmington DE 19801				
8. The mailing address for the limited lial	bility company is:			
1 Hovchild Place Rt 4000 Ste 348	Tinton Falls NJ 07753			
9. Management of the Limited Liability C	ompany: CHECK ONE BOX O	NLY		
Members (Owners) OR ✓ Manager(s). Complete the chart below. DO NOT complete the chart below.				
	MANAGER(S) NAME	ADDRESS		
	Isaac Cohen	4000 Rt 66 Ste 348 Tinton Falls NJ 07753		
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Check the box to indicate an attachment				
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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 a accompanying attachments, and that all	ffirm that I have examined this a statements contained herein ar	Application for Registration, including any etrue and correct.		
Type or Print Name of LLC		Date		
ADMINONE LLC		01/29/24		
Signature of Authorized Person				
Kelly O'Brien Authorized Submitter				



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ADMINONE LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRD DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADMINONE LLC"
WAS FORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

at core delaware gov/auth

Authentication: 202511298

Date: 01-03-24