State of Rhode Island Fee: \$150.00				
Office of the Secretary of State				
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
(401) 222-3040				
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: Avadel CNS Pharmaceuticals, 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{DE} Country: \underline{US}				
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: $12/4/2019$				
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: <u>10 DORRANCE STREET #700</u>				
City or Town: PROVIDENCE State: RI Zip: 02903				
Name: CORPORATE CREATIONS NETWORK INC.				
Article VII				

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

MARKETING AND SALES OF LIFE SCIENCE PRODUCTS

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: 1521 CONCORD PIKE SUITE 201 City or Town: WILMINGTON State: <u>DE</u> Zip: <u>19803</u> Country: <u>US</u> ARTICLE X The mailing address for the limited liability company is: No. and Street: <u>16640 CHESTERFIELD GROVE RD, SUITE 200</u> City or Town: <u>CHESTERFIELD</u> State: MO Zip: <u>63005</u>Country: <u>US</u> ARTICLE XI The limited liability company is to be managed by its **X** Members^{*} or Managers (check one) * If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. <u>Only</u> complete the following section if you checked to be managed by MANAGERS. The name and address of each manager:

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

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 May, 2024 at 2:26:24 PM by the Authorized Person.

TYMBERLYN TEEFEY, SPECIAL MANAGER

Form No. 450 Revised 09/07

 $\ensuremath{\mathbb{C}}$ 2007 - 2024 State of Rhode Island All Rights Reserved

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVADEL CNS PHARMACEUTICALS, 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 EIGHTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVADEL CNS PHARMACEUTICALS, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2019.

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



Authentication: 203425410 Date: 05-08-24

7734658 8300 SR# 20241959049

You may verify this certificate online at corp.delaware.gov/authver.shtml