

## 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 <u>7-16</u><br>applies for a Certificate of Registration t<br>purpose submits the following statemen | o transact business in the State o  |   |
|---|-------------------------------------|---|
| 1. The name of the limited liability com  | pany is:                            |   |
|   | MGH Medical Group OH,               | LLC   |
| Is this company organized in its state of   | or country of formation as a low-pi | rofit limited liability company? Yes No 🗹   |
| The name, if different, under which it p  | roposes to register and transact t  | ousiness in Rhode Island is:  |
|   |                                     |   |
| 2. The LLC is organized under the law   | s of:                               | Ohio  |
| 3. The date of its organization is:   |                                     | 3/27/2024   |
| And the period of its duration is: CHE  | CK ONE BOX ONLY                     |   |
| Perpetual (on-going)  |                                     |   |
| Date certain for dissolution  |                                     |   |
| 4. The name and address of the reside   | ent agent/office in Rhode Island is | :   |
| Agent Name  | Cogency Glo                         | bal Inc.  |
| Street Address ( <u>NOT</u> a P.O. Box)  222 Jefferson Boulevard  |                                     |   |
| City/Town<br>Warwick  | State<br>RHODE ISLAND               | Zip Code 02888  |
| 5. The purpose or purposes which it partice of licensed professiona   |                                     | on of business in Rhode Island are: cal services, including telemedicine services.  Check the box to indicate an attachment |
|   |                                     | FILED   |

MAIL TO:

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

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

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|   |                 | 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 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: |                 |   |  |  |
| 515 S. Federal Highway, Deerfield Beach, FL 33441   |                 |   |  |  |
| 8. The mailing address for the limited liability company is:  |                 |   |  |  |
| 515 S. Federal Highway, Deerfield Beach, FL 33441   |                 |   |  |  |
| 9. Management of the Limited Liability Company: CHECK ONE BOX ONLY  |                 |   |  |  |
| Members (Owners)  OR  Manager(s). Complete the chart below.  DO NOT complete the chart below.   |                 |   |  |  |
|   | MANAGER(S) NAME | ADDRESS   |  |  |
|   |                 |   |  |  |
|   |                 |   |  |  |
| 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  |                 | Application for Registration, including any re true and correct.                                      |  |  |
| Type or Print Name of LLC   |                 | Date  |  |  |
| MGH Medical Group OH, LLC   |                 | 5/9/2024   06:56 PDT  |  |  |
| Signature of Authorized Person  |                 |   |  |  |

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MGH MEDICAL GROUP OH, LLC, an Ohio Limited Liability Company, Registration Number 5206044, was organized in the State of Ohio on March 27, 2024, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of May, A.D. 2024.

**Ohio Secretary of State** 

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Validation Number: 202413004238