

Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

.24 KBK 23 PHI2: 15:24 KEC,D KIDOR BRD

Pursuant to the provisions of RIGL <u>7-16-49</u> , 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:			
B. Braun US Device Manufacturing LLC			
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes 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: 05/01/2024			
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 (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200			
City/Town Warwick	State RHODE ISLAND	Zip Code 02888	
5. The purpose or purposes which it prop	poses to pursue in the transaction	on of business in Rhode Island are:	
Medical device manufacturing			
		Check the box to indicate an attachment	
		ms FILET 1715	

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 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:			
c/o Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808			
8. The mailing address for the limited liability company is:			
901 Marcon Blvd., Allentown, PA 18109			
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 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		Date	
B. Braun US Device Manufacturing LLC		May 20, 2024	
Signature of Authorized Person Gannon Hessmitter (May 20, 2024 1: 17 607)			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "B. BRAUN US DEVICE MANUFACTURING 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 SIXTEENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "B. BRAUN US

DEVICE MANUFACTURING LLC" WAS FORMED ON THE FIRST DAY OF MAY, A.D.

2024.

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

7663299 8300 SR# 20242199744

Date: 05-16-24

Authentication: 203492261

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