



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$150.00

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: Modern Weight Loss, 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: TX Country: 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: 6/24/2024

**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 BLVD.

SUITE 200

City or Town: WARWICK

State: RI Zip: 02888

Name: REGISTERED AGENT SOLUTIONS, INC.

## Article VII

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

HEALTHCARE MANAGEMENT SERVICES

## 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: 3944 RANCH RD., 620 SOUTH BUILDING 6  
SUITE 100

City or Town: BEE CAVE

State: TX Zip: 78738 Country: USA

## ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 3944 RANCH RD., 620 SOUTH BUILDING 6  
SUITE 100

City or Town: BEE CAVE

State: TX Zip: 78738 Country: USA

## 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	SOLOMON ADAMS	3944 RANCH RD., 620 SOUTH BUILDING 6, SUITE 100 BEE CAVE, TX 78738 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 6 Day of November, 2024 at 5:22:43 PM by the Authorized Person.**

SOLOMON ADAMS

Form No. 450  
Revised 09/07

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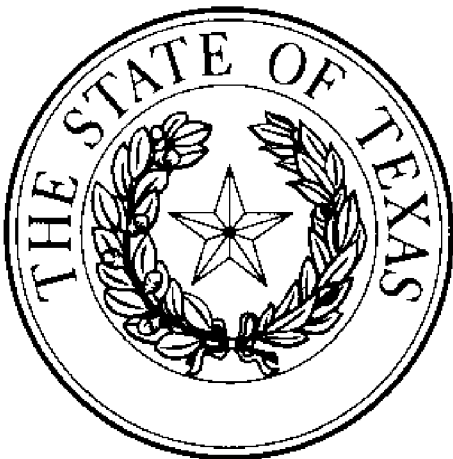
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Modern Weight Loss, LLC (file number 805600440), a Domestic Limited Liability Company (LLC), was filed in this office on June 24, 2024.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 17, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

November 06, 2024 05:21 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

