

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>7-16-49</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:

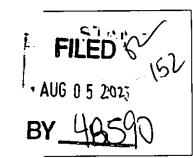
1. The name of the limited liability company is:					
Fertility Acquisition, LLC					
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes NoX					
The name, if different, under which it proposes to register and transact business in Rhode Island is:					
			-		
2. The LLC is organized under the laws of. Delaware					
3. The date of its organization is: 04-28-2021					
And the period of its duration is: CHECK ONE BOX ONLY					
X Perpetual (on-going)					
Date certain for dissolution					
4. The name and address of the resident agent/office in Rhode Island is:					
Agent Name C T Corporation System					
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A					
City/Town East Providence	State RHODE ISLAND	Zip Code 02914			
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Providing centralized administrative offices					
	10000000	Check the box to indicate	e an atta	chment	

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:					
400 Capital Boulevard, Suite 102, Rocky Hill, CT 06067					
8. The mailing address for the limited liability company is:					
400 Capital Boulevard, Suite 102, Rocky Hill, CT 06067					
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			
	Cara Reymann	400 Capital Boulevard, Suite 102, Rocky Hill, CT 06067			
	Mike Rzendzian	400 Capital Boulevard, Suite 102, Rocky Hill, CT 06067			
		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				
CARA REYMANN, MANAGER	07/22/2025				
Signature of Authorized Person					
Cara Reymaner					

089 TEA 2014 Million Million A Outline



I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "FERTILITY ACQUISITION, 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 THIRTY-FIRST DAY OF JULY, A.D. 2025.

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



Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchez

Authentication: 204355030

Date: 07-31-25