RI SOS Filing Number: 202578398020 Date: 9/24/2025 1:48:00 PM



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: BIONIC MEDICAL, PLLC

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:

BIONIC MEDICAL, LLC

ARTICLE III

The Limited Liability Company is organized under the laws of: State: NC 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: 12/30/2022

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: <u>DISCERN REGISTERED</u> AGENT INC.

Article VII

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

MEDICAL CLINIC - TELEHEALTH

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: 600 PARK OFFICES DR

SUITE 140

City or Town: <u>DURHAM</u> State: <u>NC</u> Zip: <u>27713</u> Country: <u>USA</u>

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 4110 COBSCOOK DR

City or Town: <u>DURHAM</u> State: <u>NC</u> Zip: <u>27707</u> Country: <u>USA</u>

ARTICLE XI

The limited liabilty 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	JARED PELO	4110 COBSCOOK DR DURHAM, NC 27707 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 24 Day of September, 2025 at 1:49:19 PM by the Authorized Person.	
JARED PELO	
Form No. 450 Revised 09/07	
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NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL LIMITED LIABILITY COMPANY)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

BIONIC MEDICAL, PLLC

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on 30th day of December, 2022.

I FURTHER certify that, as of the date of this certificate, (i) the said professional limited liability company is not dissolved under the terms of its articles of organization, (ii) the said professional limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said professional limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

Certification# 124736193-1 Reference# 23271704- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of August, 2025.

Secretary of State

Elaine I Marshall

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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:

September 24, 2025 01:48 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

