Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the unquisigned 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:				
	Open Solutions, LLC				
	This company has been duly organized in its state of formation as a low-profit limited flability company. (Check box if applicable)				
2.					
3.	The limited liability company is organized under the laws of	Delaware			
4,	The date of its organization is May 19, 1992				
5.	The period of duration of the limited liability company is (if perpetual, so state) perpetual				
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	222 Jefferson Boulevard, Suite 200	Warwick	RI 02888		
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address is Corp	oration Service Compan	у		
		•	f Agent)		
7,	The secretary of state is appointed the agent of the foreign time there is no resident agent or if the resident agent canno diligence.	limited tiability compar t be found or served fol	ny for service of process if at any lowing the exercise of reasonable		
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:				
	466 Winding Brook Drive, Glastonbury, CT 06033				
			1. L. L		
	The mailing address for the limited liability company is:				
	PO Box 979, Brookfield, WI 53008-0979				
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Form No. 450 Revised: 07/12

FILED 17:14 pm
JUL 24 2013

By 202376

10.	,	Management of the Limited Liability C	Company:		
	A.	The limited liability company is to be no. 11.)	managed by its members. (If you have checked this box, go to Item		
		<u>or</u>			
	В.	The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)			
		Manager	Address		

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11. This application is accompanied by a certificate of good standing duly authenticated by the secre authorized officer of the jurisdiction under which the foreign limited liability company was organized.			ficate of good standing duly authenticated by the secretary of state or other which the foreign limited liability company was organized.		
12.			s to become effective, if later than the date of filing, is:		
•		(not prior to, nor more than 3	0 days after, the filing of this Application for Registration)		
			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.		
Date	<u>بن</u>	uly F(, 2013	Open Solutions, LLC		
			Print Exact Name of Limited Liability Company Making Application		
			Ву		
			Signature of Authorized Person		

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPEN SOLUTIONS, 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 TWENTY-FOURTH DAY OF JULY, A.D. 2013.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPEN SOLUTIONS, LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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AUTHENTY CATION: 0610460

DATE: 07-24-13

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