

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:

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| purpose submits the following statement: | | | | | |
|--|--------------------|----------------|--|--|--|
| 1. The name of the limited liability company is: | | | | | |
| Vericred Solutions 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: 03/31/2017 | | | | | |
| And the period of its duration is: CHECK ONLY ONE BOX | | | | | |
| 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 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. | | | | | |
| 6. 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: | | | | | |
| 599 Topeka Way, Suite 700, Castle Rock, CO 80109 | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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| 7. The mailing address for the limited liability company is: 599 Topeka Way, Suite 700, Castle Rock, CO 80109 | | | | |
|--|--|------------|--|--|
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| 8. Management of the Limited Liability Co | mpany: | | | |
| The limited liability company is managed: | | | | |
| | this box, go to Section 9. (DO NOT fill out the char | rt below.) | | |
| By one (1) or more managers (List m. | - | | | |
| MANAGER | | | | |
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| 9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document. | | | | |
| 10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX | | | | |
| ➤ Date received (Upon filing) | | | | |
| Later effective date (Date must be no more than 30 days from the day 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 | | |
| Thomas G. Whittemore | | 8/3/2017 | | |
| Signature of Authorized Person | | | | |
| Ahomas & Whitemers DOCUMENT HERE | | | | |



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERICRED 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-SEVENTH DAY OF JULY, A.D. 2017.

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

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Authentication: 202964057

Date: 07-27-17