	ence Plantation f State	S		
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Certificate Request Form				
Request Information				
ID	ENTITY NAME		CERTIFICATE	TYPE
000889753	STELLANNA, LLC		Certificate of Good Standing	
Filer's Contact Informati (Enter a contact name, m Contact Name: AngelaBusiness Name: Priority No. and Street: 2001 W Suite 1.	nailing address and email.) Toussaint Payment Systems Vestside Pkwy			
City or Town: <u>Alphare</u>		e: <u>GA</u>	Zip: <u>30004</u>	Country: <u>USA</u>
Contact Phone: 855-29				
Contact Email: jon.cohen@aexp.com Please provide an email address to receive an expedited response from us if the filing is rejected				
for any reason. If no email address is provided, we will respond by mail.				
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