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SECRETARY OF STATE  
CORPORATIONS DIV



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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

2018 JUL 23 AM 10:00

**FICTITIOUS BUSINESS NAME STATEMENT**

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is: PayLink Payment Plans, LLC
2. The fictitious business name to be used is PayLink Direct
3. The state or territory under the laws of which it is incorporated, organized or formed is Delaware
4. The date of incorporation, organization or formation is November 14, 2005
5. If a business corporation, the address of its registered office within Rhode Island is \_\_\_\_\_  
150 N. Wacker Dr., Suite 2700, Chicago, IL 60606
6. If a business corporation, the business in which it is engaged Acquires and services payment plan agreements.  
PayLink receives and processes payments made under the payment plan agreements.
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: Jul 16, 2018

PayLink Payment Plans, LLC

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By \_\_\_\_\_  
Signature of Authorized Officer of the Corporation

By Kevin S. Horis or  
Kevin S. Horis (Jul 16, 2018)  
Signature of Authorized Person for the Limited Liability Company

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Partnership

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**FILED**  
JUL 23 2018  
*90335365*  
BY \_\_\_\_\_



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, 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:

July 23, 2018 10:08 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

