

Filing Fee: \$50.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

ID Number: _____
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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
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BY _____