



State of Rhode Island and Providence Plantations

Department of State - Business Services Division**Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 DEC 26 AM 11:41

Pursuant to the provisions of RIGL 7-16-49, 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:

1. The name of the limited liability company is:		
PSS Patient Solution Services, 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: Texas		
3. The date of its organization is: 04/18/2018		
And the period of its duration is: CHECK ONE BOX ONLY		
☒ 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 Highway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
patient account servicing, billing and pre-default collections for healthcare providers		
Check the box to indicate an attachment ☒		

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**

DEC 26 2018

BY CM V5KWX

6. The RI 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.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

3560 Dallas Parkway, Frisco, TX 75034

8. The mailing address for the limited liability company is:

Attn: Legal Dept., 3560 Dallas Parkway, Frisco, TX 75034

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

☒ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

☐ By one (1) or more managers (List managers below)

MANAGER	ADDRESS

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

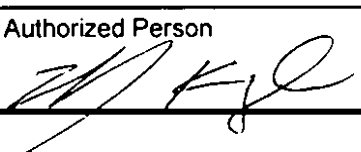
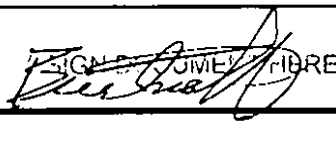
☐ Date received (Upon filing)

☒ Later effective date (Date must be no more than 30 days from the date of filing) 01/01/2019

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 PSS Patient Solution Services, LLC	Date 12/12/18
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Signature of Authorized Person



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for PSS Patient Solution Services, LLC (file number 802993370), a Domestic Limited Liability Company (LLC), was filed in this office on April 18, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 18, 2018.



A handwritten signature of Jose A. Esparza, consisting of stylized initials "JE" followed by a long horizontal line.

Jose A. Esparza
Deputy Secretary of State



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:

December 26, 2018 11:41 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

