



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 JUN 14 AM 11:03

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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: <input type="text"/>		
Penguin Pay, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? <input type="radio"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is: <input type="text"/>		
2. The LLC is organized under the laws of: <input type="text"/> Delaware		
3. The date of its organization is: <input type="text"/> 2/23/2015		
And the period of its duration is: CHECK ONE BOX ONLY <input type="radio"/>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution <input type="text"/>		
4. The name and address of the resident agent/office in Rhode Island is: <input type="text"/>		
Agent Name Business Filings International, Inc.		
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 purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: <input type="text"/>		
Consumer Loan Servicing		
Check the box to indicate an attachment <input type="checkbox"/>		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY CH GERY

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. 🌐

108 West 13th Street Wilmington, Delaware 19801

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

250 Greenwich Street 7 World Trade Center, 35th Floor, New York, New York 10007

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) _____

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. 🌐³

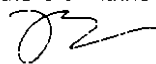
Type or Print Name of LLC

Penguin Pay, LLC

Date

06/11/2019

Signature of Authorized Person



Vishal Garg, Member, 1/0 Holdco
LLC, Member

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PENGUIN PAY, 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 FIFTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5697776 8300

SR# 20195267636

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock Secretary of State" is printed.

Authentication: 202967411

Date: 06-05-19



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:

June 14, 2019 11:03 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

