



State of Rhode Island

Department of State - Business Services Division

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2020 OCT 30 P 1:04

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

STAMP

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:		
OA FINANCE, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? 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:		
2. The LLC is organized under the laws of: MO		
3. The date of its organization is: 01/29/2015		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> 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 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: Indirect Consumer Lending - Selling and Servicing Consumer Loans		
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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OCT 30 2020
BY *LDan*
H.A. 1:04 p.m.

FORM 450 - Revised: 08/2020

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:

383 Marshall Ave., St. Louis, MO, 63119

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

PO Box 440249, St. Louis, MO, 63144

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
See attachment	

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 90 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.

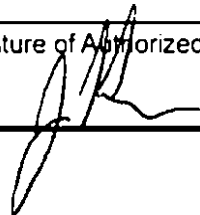
Type or Print Name of LLC

OA FINANCE, LLC

Date

10/28/2020

Signature of Authorized Person



Name	Title	Business Address
Wade Muller	Manager	839 NE Woods Chapel Rd, Lees's Summit, MO 64064
Paul Muller	Manager	839 NE Woods Chapel Rd, Lees's Summit, MO 64064
Joe Garea	Manager	383 Marshall Ave., St. Louis, MO, 63119
Steve Rull	Manager	383 Marshall Ave., St. Louis, MO, 63119

STATE OF MISSOURI



John R. Ashcroft
Secretary of State


CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

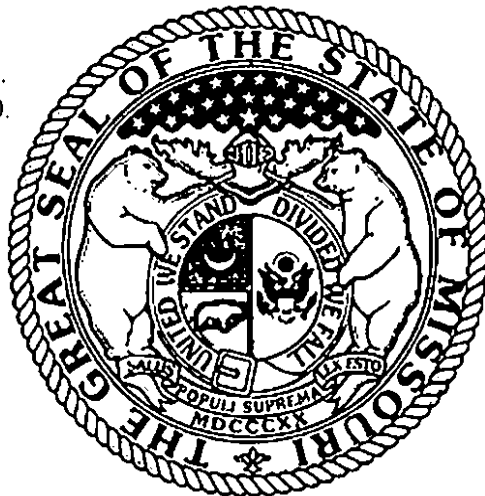
OA Finance, LLC
LC001433617

A Missouri entity was created under the laws of this State on 1/29/2015, and is Active, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and
cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, the 29th day of October, 2020.


Secretary of State

Certification Number: CERT-IN33155





State of Rhode Island

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,
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:

October 30, 2020 01:04 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Nellie M. Gorbea
Secretary of State

