



**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:		
DELTA CREDIT MANAGEMENT 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: MICHIGAN		
3. The date of its organization is: 07/02/2020		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<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 REGISTERED AGENTS INC		
Street Address (NOT a P.O. Box) 1 RICHMOND SQ STE 2		
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02906 5139
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: THE PURPOSE OF DELTA CREDIT MANAGEMENT LLC IS TO CONDUCT ANY AND ALL LAWFUL ACTIVITIES IN WHICH A LIMITED LIABILITY COMPANY IS ELIGIBLE TO CONDUCT.  <div style="text-align: center; font-size: 1.2em;">Debt Collection</div>		
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

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 JAN 12 PM 3:17

**FILED**  
 3:17  
 JAN 12 2021  
 BY XVWOZ

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:

2503 S LINDEN RD STE 180 FLINT, MI 48532 5449

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

PO BOX 320936 FLINT, MI 48532-0016

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
ROBYN BOWMAN	PO BOX 320936 FLINT, MI 48532-0016

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.

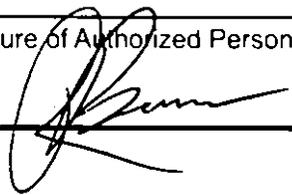
11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

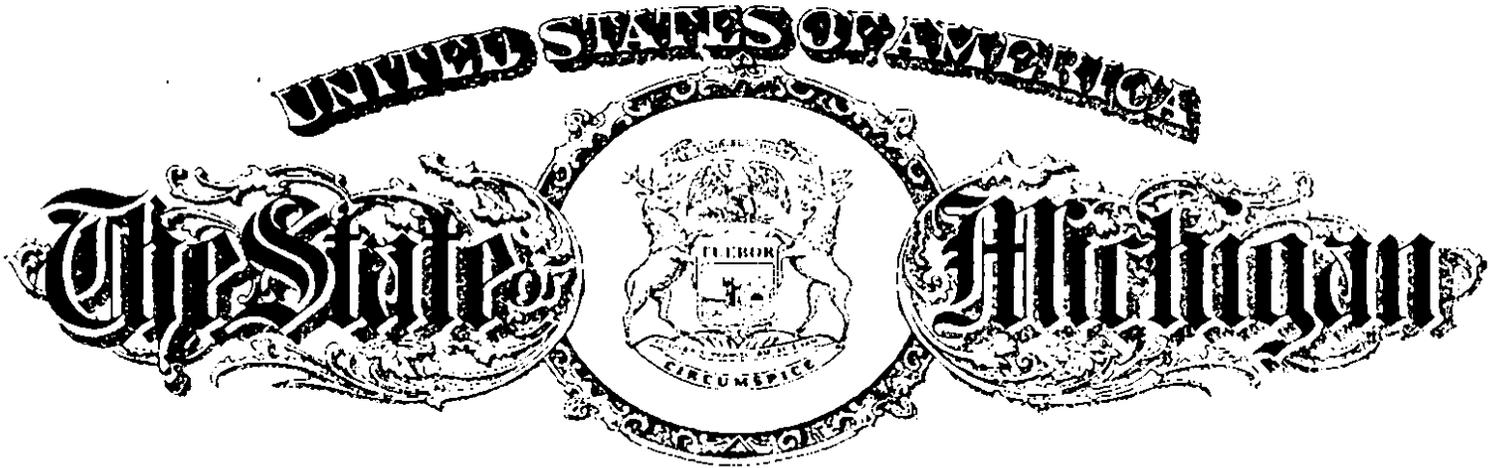
Date received (Upon filing)

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 DELTA CREDIT MANAGEMENT LLC	Date 01/02/2021
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Signature of Authorized Person  




Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

**DELTA CREDIT MANAGEMENT LLC**

was validly authorized on July 2, 2020, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 20120665806

In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 22nd day of December, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau