

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

ourpose submits the following statement: 1. The name of the limited liability company is	3'		<u> </u>	
	<u>. </u>			
Versiv Solutions, LLC				. [.]
Is this company organized in its state or cour			,	No 🗡
The name, if different, under which it propose	es to register and	transact business in Knode	Island IS:	
2. The LLC is organized under the laws of:	Delaware			
3. The date of its organization is: 03/24	1/2021		200	<i>7</i> 0
And the period of its duration is: CHECK ONE BOX ONLY				
✓ Perpetual (on-going)				
Date certain for dissolution			9	
4. The name and address of the resident age	ent/office in Rhode	e Island is:	0 00	
Agent Name National Registered Agents, Inc.			15: 4 15: 14: 15: 15: 15: 15: 15: 15: 15: 15: 15: 15	7
Street Address (NOT a P.O. Box) 450 Veterar	ıs Memorial Parkw	ay, Suite 7A		,
City/Town East Providence		State RHODE ISLAND	Zip Code 02914	
5. The purpose or purposes which it propose	s to pursue in the	transaction of business in R	Rhode Island are:	
cross-compression services				

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

13.

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: 2720 Dogwood Drive Conyers, GA 30013				
8. The mailing address for the limited liability company is:				
3100 Interstate North Circle, Suite 300 Atlanta, GA 30339				
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 <u>Certificate of Good Standing/Letter of Status</u> 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		Date		
Versiv Solutions, LLC		06/24/2021		
Signature of Authorized Person				

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VERSIV SOLUTIONS, 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 THIRTIETH DAY OF JUNE, A.D. 2021.

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

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Authentication: 203570671

Date: 06-30-21

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SR# 20212590671