



**State of Rhode Island
Office of the Secretary of State**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
000614150	ORCHID CORPORATION	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Travis Kozlovsky

Business Name:

No. and Street: 2709 Tradewind Dr

City or Town: Spicewood

State: TX

Zip: 78669

Country: USA

Contact Phone: ext:

Contact Email: travis.kozlovsky@smartbizloans.com