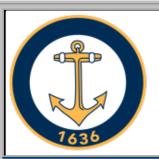
RI SOS Filing Number: 202454164860 Date: 5/10/2024 12:33:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$150.00

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

Foreign Limited Liability Company Application for Registration

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: Orion Capital Solutions LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

ARTICLE II

The name, if different, under which it proposes to register and transact business in Rhode Island is:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: NY Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

ARTICLE IV

The date of its organization is: $\frac{7/3}{2013}$

ARTICLE V

The period of its duration is: X Perpetual

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 222 JEWFFERSON BOULEVARD

SUITE 200

City or Town: WARWICK State: RI Zip: 02888

Name: <u>CORPORATION SERVICE COMPANY</u>

Article VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

DEBT COLLECTION

ARTICLE VIII

The Rhode Island 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.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 1971 ABBOTT ROAD

SUITE 10

City or Town: <u>LACKAWANNA</u> State: <u>NY</u> Zip: <u>14218</u> Country: <u>USA</u>

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 3221 SOUTHWESTERN BLVD.

SUITE 242

City or Town: ORCHARD PARK State: NY Zip: 14127 Country: USA

ARTICLE XI

The limited liabilty company is to be managed by its X Members* or __ Managers (check one)

* If you checked to be managed by your MEMBERS (*the owners*) DO NOT complete the following section. <u>Only</u> complete the following section if you checked to be managed by MANAGERS.

The name and address of each manager:

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 10 Day of May, 2024 at 12:34:23 PM by the Authorized Person EDWARD LOVALLO	n.
Form No. 450 Revised 09/07	
© 2007 - 2024 State of Rhode Island All Rights Reserved	

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

ORION CAPITAL SOLUTIONS LLC

DOS ID Number:

4426439

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

07/03/2013

Statement Status:

CURRENT

Statement Due Date:

07/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on May 02, 2024 at 10:52 A.M.

Brandon C Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100005660117 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

RI SOS Filing Number: 202454164860 Date: 5/10/2024 12:33:00 PM



I, GREGG M. AMORE, 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:

May 10, 2024 12:33 PM

Gregg M. Amore Secretary of State

Treg M. Coure

