



## FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

For Office Use Only

-FILED-

B0788-6280 06

File #: 0005293060

Base Filing fe	e: \$100.00 + \$20.00	for manual processing (	form must be type Date Filed: 6/20/2023 2:08:00	PM 🕽
The name of the entity is:	Overland Solutions, LL		<u>.</u>	<u> </u>
<ul> <li>The name which it shall use</li> </ul>	e in Idaho is: Overlar	nd Solutions, LLC		N 62
The hame when it chair do			if you are required to adopt an alternate name)	<u> </u>
Select the type of entity you	u wish to register:			
2010 CT 00000 1000 0000 000 00 00 00 00 00 00 0		eral Partnership		<u> </u>
Nonprofit Corporation		General Cooperative Association		Œ
Limited Liability Partners		Limited Partnership (Including a limited liability limited partnership		0:
× Limited Liability Compan Other:	y Statu	utory Trust, Business Tr	ust, or Common-law Business Trust	η 3
	(Use "Other	r" only if your foreign entity typ	be is not listed above, and enter the type here.)	7
Jurisdiction of formation:	Delaware			a C
-		le the domestic jurisdiction wh	nere the entity was formed)	Œ
The address of its principal		_		- - -
320 Park Avenue, 29th Floor	, New York, NY 10022	2		
(Street Address)				£
(Mailing Address, if different)				<del>\</del>
		and and but the desire of the	a invitable of formation in	
		equired by the laws of th	ne jurisdiction of formation) is:	Ç
1209 Orange Street, Wilming	gton, DE 19801			F
(Street Address)				Ļ
(A. 1) A. J (I different)				
(Mailing Address, if different)				
The mailing address to whi	ich correspondence s	should be addressed, if	different from item 5, is:	Ã
(Address)				Ē
Name and street address	of registered agent <u>ir</u>	<u>ldaho</u> :		a
C T Corporation System 155	5 W. Shoreline Drive S	Suite 100 Boise, ID 83702		F
(Name and Address)				9
The name consoity and m	aciling address of at l	east one governor:		
The name, capacity, and m	-		9th Floor, New York, NY 10022	
ExlService.com, LLC	Manager		9th Floor, New Fork, NT 10022	<u>`</u>
(Name)	(Capacity)	(Address)		0
				<u> </u>
(Name)	(Capacity)	(Address)	Secretary of State use only	0
			Secretary of State use only	1-1
				9
				Q - -
	Typed Name: JENNIFER MINCER			
Typed Name: JENNIFER M	INCER			c
Typed Name: JENNIFER M	INCER			4 6 7
Jany	incer ~ 1 m			0 H
				Ş

## .<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "OVERLAND 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 FIFTEENTH DAY OF MAY, A.D. 2023.

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

TARY'S OF CO.

3611958 8300 SR# 20232059002 Authentication: 203348724

Date: 05-15-23