



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 FEB 16 AM 10:19

1. The name of the corporation is:

Shogun Enterprises Inc.

2. It is incorporated under the laws of:

Delaware

3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: **09/26/2016**

And the period of its duration is: **CHECK ONE BOX ONLY**

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

527 Howard St. Floor 3, San Francisco, CA 94105

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name **Vcorp Services, LLC**

Street Address (NOT a P.O. Box) **222 Jefferson Boulevard**

City/Town **Warwick**

State **RHODE ISLAND**

Zip Code **02888**

MAIL TO:

Division of Business Services

148 W. River Street Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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

Lead generation services for personal loan providers

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Anthony Ghosn	80 Sycamore St. San Francisco CA 94110
Joseph Lonsdale	501 2nd St #300, San Francisco, CA 94107
Andrew Oetting	501 2nd St #300, San Francisco, CA 94107

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Anthony Ghosn	527 Howard St. Floor 3, San Francisco, CA 94105
VICE PRESIDENT	Anthony Ghosn	527 Howard St. Floor 3, San Francisco, CA 94105
TREASURER	Anthony Ghosn	527 Howard St. Floor 3, San Francisco, CA 94105
SECRETARY	Anthony Ghosn	527 Howard St. Floor 3, San Francisco, CA 94105

Check the box to indicate an attachment ☐

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
5,375,000	Preferred	Seed	\$0.00001
10,500,000	Common	A	\$0.00001
2,000,000	Common	B	\$0.00001

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 _____ %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 _____ %

12. 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 this filing.

13. Date when the Certificate of Authority 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 Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

Anthony Ghosn

Date

02/14/2018

Signature of Authorized Officer of the Corporation

SIGN DOCUMENT HERE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "SHOGUN ENTERPRISES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2016, AT 1:58 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTH DAY OF OCTOBER, A.D. 2016, AT 4:04 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-EIGHTH DAY OF JULY, A.D. 2017, AT 3:34 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "SHOGUN ENTERPRISES INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 16 AM 10:19



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SR# 20180096971

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 201928232

Date: 01-05-18

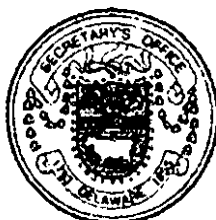
Delaware

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AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHOGUN
ENTERPRISES INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF
SEPTEMBER, A.D. 2016.

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



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SR# 20180096971

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 201928232

Date: 01-05-18



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, 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:

February 16, 2018 10:19 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

