



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

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 CORPORATIONS DIV.  
 2018 AUG 28 AM 11:26

**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:

1. The name of the corporation is: <b>Bitsy, Inc.</b>		
2. It is incorporated under the laws of <b>Utah</b>		
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: <b>November 20, 2017</b>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <b>6330 South 3000 East, Salt Lake City, Utah 84121</b>		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name <b>Registered Agents Inc.</b>		
Street Address (NOT a P.O. Box) <b>One Richmond Square, Suite 125B</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02906</b>

**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:

**Bitsy maintains and operates a cryptocurrency wallet and purchasing service. Its mobile application allows its customers to purchase, hold, and transact their cryptocurrency safely and securely.**

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
Richard Beckstrand	6330 South 3000 East, Suite 250, Salt Lake City, Utah, 84121
Jonathan Johnson	6330 South 3000 East, Suite 250, Salt Lake City, Utah, 84121
Steven Hopkins	6330 South 3000 East, Suite 250, Salt Lake City, Utah, 84121

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	Steven Hopkins	6330 South 3000 East, Suite 250, Salt Lake City, Utah, 8
VICE PRESIDENT		
TREASURER		
SECRETARY		

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
10,000,000	Common		No Par Value

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

**Eric Vogeler, CCO and General Counsel**

Date

**8-15-18**

Signature of Authorized Officer of the Corporation

  
SIGN DOCUMENT HERE



**Utah Department of Commerce**  
**Division of Corporations & Commercial Code**  
 160 East 300 South, 2nd Floor, PO Box 146705  
 Salt Lake City, UT 84114-6705  
 Service Center: (801) 530-4849  
 Toll Free: (877) 526-3994 Utah Residents  
 Fax: (801) 530-6438  
 Web Site: <http://www.commerce.utah.gov>

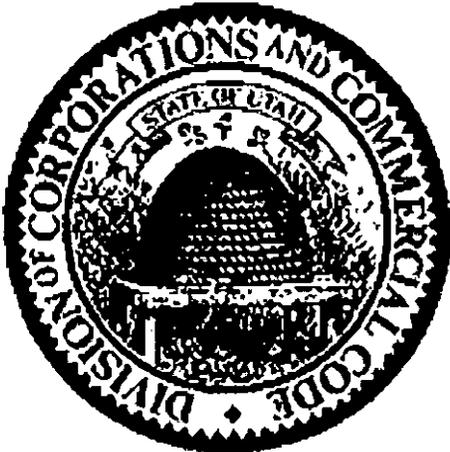
08/16/2018  
 10606313-014208162018-809496

## CERTIFICATE OF EXISTENCE

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 CORPORATIONS DIV  
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**Registration Number:** 10606313-0142  
**Business Name:** BITSY, INC.  
**Registered Date:** November 20, 2017  
**Entity Type:** Corporation - Domestic - Profit  
**Status:** Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jason Sterzer  
 Director  
 Division of Corporations and Commercial Code



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:

August 28, 2018 11:26 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

