



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:

1. The name of the corporation is:

Wirex USA 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: **03/19/2018**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:

8 The Green, Ste A, Dover, DE 19901

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

Agent Name **Registered Agents Inc**Street Address (NOT a P.O. Box) **One Richmond Square, STE 125B**City/Town **Providence**State **RHODE ISLAND**Zip Code **02906****MAIL TO:****Division of Business Services**

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

Phone: (401) 222-3040

Website: www.sos.ri.gov**FILED**

OCT 31 2018

BY *M EHNPP*

12:19

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

Money Services/ Transmission Business

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
Dmitry Lazarichev	Tower 42, 25 Old Broad Street, London, UK EC2N 1HN
Pavel Matveev	Tower 42, 25 Old Broad Street, London, UK EC2N 1HN
Vroon Modgill	Tower 42, 25 Old Broad Street, London, UK EC2N 1HN

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	Dmitry Lazarichev	Tower 42, 25 Old Broad Street, London, UK EC2N 1HN
VICE PRESIDENT	Pavel Matveev	Tower 42, 25 Old Broad Street, London, UK EC2N 1HN
TREASURER	Vroon Modgill	Tower 42, 25 Old Broad Street, London, UK EC2N 1HN
SECRETARY	Vroon Modgill	Tower 42, 25 Old Broad Street, London, UK EC2N 1HN

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
2,000	Common	None	\$0.01

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.)

0.33 %

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.

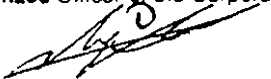
Type or Print Name of Authorized Officer

Vroon Modgill

Date

10/10/2018

(Signature) of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 150 - Revised 12/2017

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WIREX USA INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE THIRD DAY OF OCTOBER, A.D. 2018.

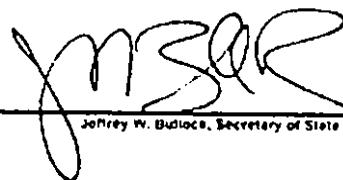
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R.I. DEPT. OF STATE
BUS SVCS DIV
2018 OCT 31 PM 12:19



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SR# 20186952323

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203538363

Date: 10-03-18



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:

October 31, 2018 12:19 PM

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

