



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

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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: TAXACT, INC. | | |
| 2. It is incorporated under the laws of: Iowa | | |
| 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: 02/04/98 | | |
| And the period of its duration is: CHECK ONE BOX ONLY | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ | | |
| 5. The address of its principal office is: 6333 N. State Hwy 161, 6th floor, Irving, TX 75038 | | |
| 6. The name and address of the initial registered agent/office in Rhode Island: | | |
| Agent Name Corporation Service Company | | |
| Street Address (NOT a P.O. Box) 222 Jefferson Blvd, Suite 200 | | |
| 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:

Online Tax Preparation Service

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 |
|--------------------|--|
| John S. Clendening | 6333 N. State Hwy 161, 6th floor, Irving, TX 75038 |
| Davinder Athwal | 6333 N. State Hwy 161, 6th floor, Irving, TX 75038 |
| Ann J. Bruder | 6333 N. State Hwy 161, 6th floor, Irving, TX 75038 |
| | |

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 | John S. Clendening | 6333 N. State Hwy 161, 6th floor, Irving, TX 75038 |
| VICE PRESIDENT | Davinder Athwal | 6333 N. State Hwy 161, 6th floor, Irving, TX 75038 |
| TREASURER | Davinder Athwal | 6333 N. State Hwy 161, 6th floor, Irving, TX 75038 |
| SECRETARY | Ann J. Bruder | 6333 N. State Hwy 161, 6th floor, Irving, TX 75038 |

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 |
|------------------|--------------|--------|---------------------------------|
| 1,000 | Common Stock | N/A | \$0.00 |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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.)

31 _____ %

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.

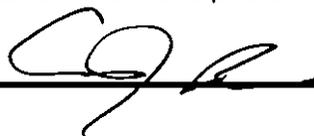
Type or Print Name of Authorized Officer

Ann J. Bruder

Date

October 30, 2018

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

IOWA SECRETARY OF STATE
PAUL D. PATE



CERTIFICATE OF EXISTENCE

Date: 11/12/2018

Name: TAXACT, INC. (490 DP - 214399)

Date of Incorporation: 2/4/1998

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

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Certificate ID: CS158811
To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate
Paul D. Pate, Iowa Secretary of State



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:

November 14, 2018 10:19 AM

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

Nellie M. Gorbea
Secretary of State

