



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

RECEIVED
STATE
SECRETARY OF STATE
CORPORATIONS DIV
2019 JUL 15 PM 2:35

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: Wheeler Financial from Pitney Bowes 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: 06/18/2018 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: 27 Waterville Drive, Shelton, CT 06484		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

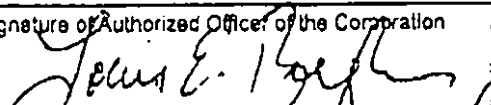
MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

2:35

FILED
STAMP
JUL 15 2019

BY *[Signature]*
FORM 150 - Revised: 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Financial services, including lending, leasing and related activities and services			
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		
Louis E. Bergeron, Jr.	27 Waterveiw Drive, Shelton , CT 06484		
Debbie D. Salce	27 Waterveiw Drive, Shelton , CT 06484		
Thomas Gawlak	27 Waterveiw Drive, Shelton , CT 06484		
Ed Haidenthaler	27 Waterveiw Drive, Shelton , CT 06484		
Check the box to indicate an attachment <input checked="" type="checkbox"/>			
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	Louis E. Bergeron, Jr.	27 Waterveiw Drive, Shelton , CT 06484	
VICE PRESIDENT	Debbie D. Salce	27 Waterveiw Drive, Shelton , CT 06484	
TREASURER	Debbie D. Salce	27 Waterveiw Drive, Shelton , CT 06484	
SECRETARY	Melissa Wank	27 Waterveiw Drive, Shelton , CT 06484	
Check the box to indicate an attachment <input checked="" type="checkbox"/>			
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
100	Common		\$0.0100
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.) <div style="margin-top: 10px;"> 0 _____ % </div>			
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.) <div style="margin-top: 10px;"> 0 _____ % </div>			

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> 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 Louis E. Bergeron, Jr.	Date 7/11/19
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

**Attachment to Rhode Island
Officers & Directors**

- | | | |
|---|-------------------|---------------------|
| 1 | Full Name: | Nathan H. Johnson |
| | Officer/Director: | Officer |
| | Officer's Title: | Compliance Officer |
| | Business Address: | 27 Watervliet Drive |
| | City: | Shelton |
| | State: | CT |
| | ZIP Code: | 06484 |
| 2 | Full Name: | Christopher Johnson |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Business Address: | 27 Watervliet Drive |
| | City: | Shelton |
| | State: | CT |
| | ZIP Code: | 06484 |

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WHEELER FINANCIAL FROM PITNEY BOWES 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 ELEVENTH DAY OF JULY, A.D. 2019.

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

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



6936829 8300

SR# 20195926370

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.

Authentication: 203198362

Date: 07-11-19



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:

July 15, 2019 02:35 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

