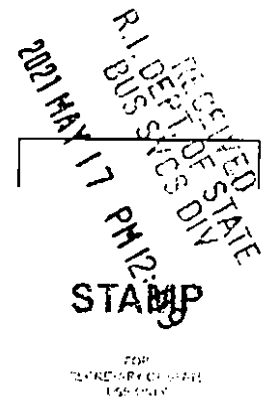




State of Rhode Island  
Department of State - Business Services Division

**Application for Registration**  
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

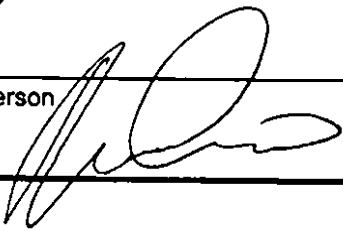


Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

|                                                                                                                                                                               |                       |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|
| 1. The name of the limited liability company is:                                                                                                                              |                       |                   |
| Nexo Financial LLC                                                                                                                                                            |                       |                   |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                       |                   |
| The name, if different, under which it proposes to register and transact business in Rhode Island is:                                                                         |                       |                   |
|                                                                                                                                                                               |                       |                   |
| 2. The LLC is organized under the laws of: DE                                                                                                                                 |                       |                   |
| 3. The date of its organization is: 06/11/2018                                                                                                                                |                       |                   |
| 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 _____                                                                                                                   |                       |                   |
| 4. The name and address of the resident agent/office in Rhode Island is:                                                                                                      |                       |                   |
| Agent Name Corporation Service Company                                                                                                                                        |                       |                   |
| Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200                                                                                                            |                       |                   |
| City/Town<br>Warwick                                                                                                                                                          | State<br>RHODE ISLAND | Zip Code<br>02888 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:                                                                    |                       |                   |
| Consumer and commercial lending and any legal purpose                                                                                                                         |                       |                   |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                              |                       |                   |

**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**  
**STAMP**  
MAY 17 2021  
BY *[Signature]* AFIX5  
12:09

|                                                                                                                                                                                                                                                                                                                                                            |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.                                                                                        |                                                      |
| 7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:<br><br>1 Canada Sq., Level 39, Canary Wharf, London E14 5AB, UK                                                                  |                                                      |
| 8. The mailing address for the limited liability company is:<br><br>444 Alaska Avenue, Suite AHT#628, Torrance, CA 90503                                                                                                                                                                                                                                   |                                                      |
| 9. Management of the Limited Liability Company:<br><br>The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b><br><input type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)<br><input checked="" type="checkbox"/> By one (1) or more managers (List managers below) |                                                      |
| <b>MANAGER</b>                                                                                                                                                                                                                                                                                                                                             | <b>ADDRESS</b>                                       |
| Kosta Kantchev                                                                                                                                                                                                                                                                                                                                             | 444 Alaska Avenue, Suite AHT#628, Torrance, CA 90503 |
| Antoni Trenchev                                                                                                                                                                                                                                                                                                                                            | 444 Alaska Avenue, Suite AHT#628, Torrance, CA 90503 |
|                                                                                                                                                                                                                                                                                                                                                            |                                                      |
|                                                                                                                                                                                                                                                                                                                                                            |                                                      |
| 10. 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 filing.                                                                                                                                                                      |                                                      |
| 11. Date when this application for Certificate of Registration will be effective: <b>CHECK ONE BOX ONLY</b><br><input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____                                                          |                                                      |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>                                                                                                                                       |                                                      |
| Type or Print Name of LLC<br>Nexo Financial LLC                                                                                                                                                                                                                                                                                                            | Date<br>May 10th, 2021                               |
| Signature of Authorized Person                                                                                                                                                                                                                                          |                                                      |

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEXO FINANCIAL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEXO FINANCIAL LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2018.

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



6926549 8300

SR# 20211719459

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", 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: 203179838

Date: 05-11-21



State of Rhode Island

**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,  
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:

May 17, 2021 12:09 PM

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

Nellie M. Gorbea  
*Secretary of State*

