



State of Rhode Island

Department of State - Business Services Division

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2021 JUL 15 AM 9:25

**Application for Amended Certificate of Authority**  
**FOREIGN Business Corporation**

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-1411, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: <b>000133905</b>	2. The name of the corporation is: <b>PIVOTAL PAYMENTS, INC.</b>
3. It is incorporated under the laws of:  <b>DELAWARE</b>	4. List the date the Certificate of Authority was issued by the RI Department of State:  <b>07/31/2003</b>
5. If the entity's name has changed, state the new name: <b>NUVEI TECHNOLOGIES INC.</b>	
Check box to indicate no change <input type="checkbox"/>	
6. 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>NA</b>	
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:  <b>NA</b>	
7. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i>  <b>NA</b>	
Check the box to indicate an attachment <input type="checkbox"/>	
Check box to indicate no change <input checked="" 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

9:25

JUL 15 2021

BY JB EY54B

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.

8. If there has been an increase in the authorized shares of the corporation complete the following section: NA  
**\*List ALL authorized shares as of this amendment.**

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check the box to indicate an attachment ☐ Check box to indicate no change ☒

8a. 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.)

NA \_\_\_\_\_ %

8b. 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.)

NA \_\_\_\_\_ %

9. As required by RIGL 7-1.2-105, the corporation has paid all fees and taxes.

10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

11. Date when the Amended 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 Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Name of Authorized Officer of the Corporation	Date
MARK PYKE	07/07/2021

Signature of Authorized Officer  


# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "NUVEI TECHNOLOGIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SIXTH DAY OF FEBRUARY, A.D. 2003, AT 2:45 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-SECOND DAY OF AUGUST, A.D. 2003, AT 10:56 O'CLOCK A.M.

CERTIFICATE OF OWNERSHIP, FILED THE ELEVENTH DAY OF MAY, A.D. 2006, AT 1:35 O'CLOCK P.M.

CERTIFICATE OF CORRECTION, CHANGING ITS NAME FROM "PAYMENT SYSTEMS MERCHANT SERVICES, INC." TO "PIVOTAL PAYMENTS INC.", FILED THE EIGHTEENTH DAY OF MAY, A.D. 2006, AT 6:40 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "PIVOTAL PAYMENTS INC." TO "NUVEI TECHNOLOGIES INC.", FILED THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2018, AT 5:51 O'CLOCK P.M.



3622360 8310

SR# 20212122150

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 "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203303845

Date: 05-26-21

# Delaware

The First State

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AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID  
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE  
AFORESAID CORPORATION, "NUVEI TECHNOLOGIES INC.".

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NUVEI  
TECHNOLOGIES INC." WAS INCORPORATED ON THE SIXTH DAY OF  
FEBRUARY, A.D. 2003.

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



3622360 8310

SR# 20212122150

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 "JBullock", 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: 203303845

Date: 05-26-21

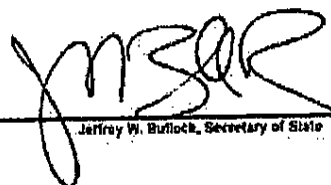
# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PIVOTAL PAYMENTS  
INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO  
"NUVEI TECHNOLOGIES INC." ON THE TWENTY-SECOND DAY OF OCTOBER,  
A.D. 2018, AT 5:51 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

3622360 8320  
SR# 20212122150

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

Authentication: 203303846  
Date: 05-26-21



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:

July 15, 2021 09:25 AM

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

Nellie M. Gorbea  
*Secretary of State*

