



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Application for Certificate of Authority

FOREIGN Business Corporation

2021 NOV 12 AM 10:45:00

→ 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: Nvoicepay, Inc.		
2. It is incorporated under the laws of: Oregon		
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: 06/23/2009 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: 8905 SW Nimbus Ave., #240, Beaverton, OR 97008		
6. The name and address of the initial registered agent/office in Rhode Island. Agent Name Corporation Service Company Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, 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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By *[Signature]* **KV450**
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FORM 150 - Revised 08/2020

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

Business to business payment processing 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
John Coughlin	3280 Peachtree Rd., Suite 2400, Atlanta, GA 30305
Charles Freund	3280 Peachtree Rd., Suite 2400, Atlanta, GA 30305
Steve Pisciotta	109 Northpark Blvd., Suite 500, Covington, LA 70433

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 Coughlin	3280 Peachtree Rd., Suite 2400, Atlanta, GA 30305
VICE PRESIDENT	Josh Cyphers	8905 SW Nimbus Ave., #240, Beaverton, OR 97008
TREASURER	Steve Pisciotta	109 Northpark Blvd., Suite 500, Covington, LA 70433
SECRETARY	Charles Freund	3280 Peachtree Rd., Suite 2400, Atlanta, GA 30305

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
1000	Common		\$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 _____ %

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

Steve Pisciotta, Treasurer

Date

10/28/21

Signature of Authorized Officer of the Corporation

State of Oregon

*OFFICE OF THE SECRETARY OF STATE
Corporation Division*

Certificate of Existence 202A727R3

*I, SHEMLA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do
hereby certify:*

NVOICEPAY, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*

A handwritten signature in black ink, appearing to read "Shemla Fagan", is written over a horizontal line.

SHEMLA FAGAN, SECRETARY OF STATE

10/20/2021



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:

November 12, 2021 10:45 AM

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

Nellie M. Gorbea
Secretary of State

