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State of Rhode Island Department of State - Business Services Division

Application for Certificate of Authority

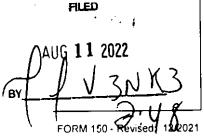
FOREIGN Business Corporation

 \rightarrow Filing Fee: \$310.00 minimum

Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, 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:					
Payward Ventures, 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: 07/01/2013					
And the period of its duration is: CHECK ONE BOX ONLY					
Date certain for dissolution					
5. The address of its principal office is:					
237 Kearny Street, #102, San Francisco, CA 94108					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name C T Corporation System					
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A					
City/Town East Providence	State RHODE ISLAND	Zip Code 02914			
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MAIL TO: Division of Business Services 148 W. River Street. Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

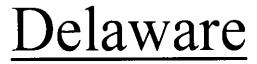


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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Introducing broker for US clients of Kraken					
	•		(optional, unless dir	ectors are required under the laws of the	
state or country of which it is incorporated): NAME			ADDRESS		
David Ripley 237 Kearny Street		et #102 San Fr	, #102, San Francisco, CA 94108		
		·			
Carrie Dolan	Irrie Dolan 237 Kearny Street		eet, #102, San Fr	ancisco, CA 94108	
				Check the box to indicate an attachment	
8. (b) The names and re of the state or country o			officers (mandatory	if directors are not required under the laws	
OFFICE	NAME			ADDRESS	
PRESIDENT	David Ripley		237 Kearny Str	237 Kearny Street, #102, San Francisco, CA 94108	
VICE PRESIDENT					
TREASURER	John Trohan		237 Kearny Str	237 Kearny Street, #102, San Francisco, CA 94108	
SECRETARY	Grace Strickland		237 Kearny Sti	237 Kearny Street, #102, San Francisco, CA 94108	
· · · · · · · · · · · · · · · · · · ·	J			Check the box to indicate an attachment	
9. The aggregate numb par value, and series, if			to issue; itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES			SERIES	PAR VALUE OR STATE NO PAR VALUE	
100,000	Common		<u> </u>	.0001	
	. <u></u>		<u> </u>		
	. <u> </u>				
located within this state the following year, whe	e during the fol	lowing year bears to	the value of all prop	of the property of the corporation to be erty of the corporation to be owned during eet.)	
.028 %	6				
at or from places of but transacted by the corpo	siness in Rhod	le Island during the f	ollowing year compa	usiness to be transacted by the corporation ired to the gross amount thereof which will be ained from worksheet.)	
.081%	6				

12. This application must be accompanied by a <u>Certificate of Good S</u> formation dated within 60 days of the date of this filing.	tanding/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHECK O	NE 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 th accompanying attachments, and that all statements contained herein				
Type or Print Name of Authorized Officer	Date			
David Ripley, President and CEO	10 August 2072			
Signature of Authorized Officer of the Corporation Docusioned by. David Kipley				



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAYWARD VENTURES, 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 AUGUST, A.D. 2022.

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.



of State

Authentication: 204139700 Date: 08-11-22

5359931 8300 SR# 20223237569 You may verify this certificate online at corp.delaware.gov/authver.shtml 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:

August 11, 2022 02:48 PM

Tulli U. Sola

Nellie M. Gorbea Secretary of State

