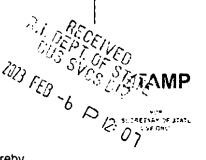
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum



Pursuant to the provisions of RIGL <u>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:

Luxoft USA, 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: 09/25/1995

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:

600 Fifth Avenue, Floor 2, Suite 1, New York, NY 10020

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name Vcorp Services, LLC

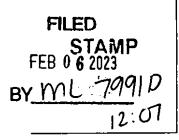
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

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



7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: IT Consulting, Software Development						
8. (a) The names and re state or country of which			otional, unless of	directors are required under the laws of the		
NAME		ADDRESS				
Natasha Ziabkina		600 Fifth Avenue, Floor 2, Suite 1, New York, NY 10020				
		Check the box to indicate an attachment				
8. (b) The names and re of the state or country o			cers (mandato	ry if directors are not required under the laws		
OFFICE	NAME			ADDRESS		
PRESIDENT	Natasha Ziabkina		600 Fifth Avenue, Floor 2, Suite 1, New York, NY 10020			
VICE PRESIDENT						
TREASURER	Vladimir Konev		600 Fifth Ave	enue, Floor 2, Suite 1, New York, NY 10020		
SECRETARY	Natasha Ziabkina		600 Fifth Ave	enue, Floor 2, Suite 1, New York, NY 10020		
	1		A	Check the box to indicate an attachment		
9. The aggregate numb par value, and series, if			sue; itemized l	by classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE		
1,500	Common			No Par Value		
- <u></u> -		<u></u>				
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. (<i>Note: Percentage obtained from worksheet.</i>)						
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. (<i>Note: Percentage obtained from worksheet.</i>) 0 %						

•

.

12. This application must be accompanied by a <u>Certificate of Good Standing/Let</u> formation dated within 60 days of the date of this filing.	ter of Status from the state or country of				
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX O	NLY				
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	Date				
Natasha Ziabkina	02/02/2023				
Signature of Authorized Officer of the Corporation					
N/2-Jahn SIGN DOCUMENT HERE					

•

.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUXOFT USA, 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 THIRD DAY OF FEBRUARY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUXOFT USA, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 1995.

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



Junny W. Burinkin, Secretary of Burse

Authentication: 202638488 Date: 02-03-23

Page 1

2545532 8300

SR# 20230365769 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 Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, 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:

February 06, 2023 12:07 PM

Treng M. Course

Gregg M. Amore Secretary of State

