

## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

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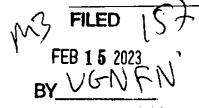
Pursuant to the provisions of <u>RIGL 7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:						
McBurberod Financial, Inc.						
It is incorporated under the laws of.  Delaware						
3. The name, if different, which it elects to use in Rho	ode 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: March 11, 2019						
And the period of its duration is: CHECK ONE BOX ONLY  X Perpetual (on-going)						
Date certain for dissolution	Date certain for dissolution					
5. The address of its principal office is:						
1100 Broadway, Suite 1800, Oakland, CA 94607						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name C T Corporation System						
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 purpo	ses which it p	roposes to pursue	in the transaction	of business in Rhoo	de Island are:	
Financial Services						
8. (a) The names and restate or country of which	•		ers (optional, unle	ss directors are requ	ired under the laws of the	
NAME		ADDRESS				
James Joseph McGinley IV		1100 Broadway, Suite 1800, Oakland, CA 94607				
Eric Eugene Burton		1100 Broadway, Suite 1800, Oakland, CA 94607				
	" • <u>-</u>					
				Check the box	to indicate an attachment	
8. (b) The names and re			al officers (manda	atory if directors are	not required under the laws	
OFFICE		NAME		ADDRESS		
PRESIDENT	Eric Eugene Burton		1100 Broad	1100 Broadway, Suite 1800, Oakland, CA 94607		
VICE PRESIDENT			<u> </u>			
TREASURER	James Joseph McGinley IV		1100 Broad	1100 Broadway, Suite 1800, Oakland. CA 94607		
SECRETARY	Eric Eugene Burton		1100 Broad	1100 Broadway, Suite 1800, Oakland, CA 94607		
	<u> </u>			Check the box	to indicate an attachment	
9. The aggregate numb par value, and series, if	er of shares w	hich it has authori class, is:	ty to issue; itemize	ed by classes, par v	alue of shares, shares without	
NUMBER OF SHARES	CIV		SERIES	PAR VA	LUE OR STATE NO PAR VALUE	
1,000	Common			\$0.0000	1	
	. <del>-</del>					
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10. An estimate, <b>as a p</b> located within this state the following year, whe	during the foll	lowing year bears	to the value of all	property of the corp	of the corporation to be oration to be owned during	
0 %	,					
11. An estimate, as a pat or from places of bustransacted by the corpo	siness in Rhod oration during t	e Island during the	e following year co	empared to the gross	ansacted by the corporation is amount thereof which will be ksheet.)	
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12. This application must be accompanied by a <u>Certificate of Goo</u> formation dated within 60 days of the date of this filing.	od Standing/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHEC	K ONE BOX ONLY			
X 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 examine accompanying attachments, and that all statements contained be				
Type or Print Name of Authorized Officer	Date			
James Joseph McGinley IV	February 1, 2023			
Signature of Authorized Officer of the Corporation				
— DocuSigned by:				
James McGinley				
— ACF58FE88BA1472				



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MCBURBEROD FINANCIAL, 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 SECOND 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202627927

Date: 02-02-23

RI SOS Filing Number: 202328511660 Date: 2/15/2023 1:15:00 PM



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 15, 2023 01:15 PM

Gregg M. Amore Secretary of State

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