

## Application for Certificate of Authority

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

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•	1	TO STATE OF

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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: OT Technology, 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: 06/08/2022 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: 1200 Abernathy Rd, Suite 700, Atlanta, GA 30328 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 Zip Code 02914

State

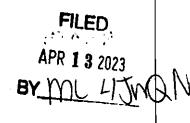
RHODE ISLAND

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

City/Town East Providence



7. The purpose or purp	oses which it p	roposes to purs	sue in the	transaction of	busines	ss in Rhode Island are:
Provide software as a serv	rice					
8. (a) The names and r state or country of which			ctors (op	tional, unless	directors	s are required under the laws of the
NAME		ADDRESS				
Kim Rivera	1200 Abernathy Rd, Suite 700, Atlanta, GA 30328					
	<u> </u>					k the box to indicate an attachment
8. (b) The names and r of the state or country of			ncipal offic	cers (mandato	ry if dire	ectors are not required under the laws
OFFICE		NAME		ADDRESS		
PRESIDENT Kim Rivera				1200 Abernathy Rd, Suite 700, Atlanta, GA 30328		
VICE PRESIDENT						
TREASURER Guido T		orrini		1200 Abernathy Rd, Suite 700, Atlanta, GA 30328		
SECRETARY	Kim Rivera		1200 Abernathy Rd, Suite 700, Atlanta, GA 30328			
	•				Chec	ck the box to indicate an attachment
9. The aggregate number par value, and series, it			ority to is	sue; itemized	by class	ses, par value of shares, shares without
NUMBER OF SHARES	CLAS	SS		SERIES		PAR VALUE OR STATE NO PAR VALUE
1,000	Common					\$0.0001
	-					
			<u> </u>			
10. An estimate, as a place located within this state the following year, whe	e during the foll	owing year bea	rs to the	value of all pro	operty of	property of the corporation to be f the corporation to be owned during
0.020	6					
at or from places of but transacted by the corpo	siness in Rhode	e Island during	the follow	ving year comp	pared to	s to be transacted by the corporation the gross amount thereof which will be from worksheet.)

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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						
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 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					
Kim Rivera	4/9/2023					
Signature of Authorized Officer of the Corporation						
kim Rivera						



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

DELAWARE, DO HEREBY CERTIFY "OT TECHNOLOGY, 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 EIGHTH DAY OF MARCH, 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: 202863545

Date: 03-08-23