



State of Rhode Island
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is GUAVAPAY USA CO.

SECTION II

It is incorporated under the laws of State: IL Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 5/14/2021

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 175 OLDE HALF DAY ROAD, STE. 140-17

City or Town: LINCOLNSHIRE

State: IL Zip: 60069 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD., SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is INCorp SERVICES, INC.

SECTION VII

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

MONEY SERVICE BUSINESS

SECTION VIII

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	FARID HASANOV	175 OLDE HALF DAY ROAD, STE. 140-17 LINCOLNSHIRE, IL 60069 USA
TREASURER	OKSANA KHANAS	175 OLDE HALF DAY ROAD, STE. 140-17 LINCOLNSHIRE, IL 60069 USA
SECRETARY	ALEXANDER NOSKOV	175 OLDE HALF DAY ROAD, STE. 140-17 LINCOLNSHIRE, IL 60069 USA
CEO	FARID HASANOV	175 OLDE HALF DAY ROAD, STE. 140-17 LINCOLNSHIRE, IL 60069 USA
DIRECTOR	FARID HASANOV	175 OLDE HALF DAY ROAD, STE. 140-17 LINCOLNSHIRE, IL 60069 USA
DIRECTOR	ALEXANDER NOSKOV	175 OLDE HALF DAY ROAD, STE. 140-17 LINCOLNSHIRE, IL 60069 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	FARID HASANOV	175 OLDE HALF DAY ROAD, STE. 140-17 LINCOLNSHIRE, IL 60069 USA
TREASURER	OKSANA KHANAS	175 OLDE HALF DAY ROAD, STE. 140-17 LINCOLNSHIRE, IL 60069 USA
SECRETARY	ALEXANDER NOSKOV	175 OLDE HALF DAY ROAD, STE. 140-17 LINCOLNSHIRE, IL 60069 USA
CEO	FARID HASANOV	175 OLDE HALF DAY ROAD, STE. 140-17 LINCOLNSHIRE, IL 60069 USA
DIRECTOR	FARID HASANOV	175 OLDE HALF DAY ROAD, STE. 140-17 LINCOLNSHIRE, IL 60069 USA
DIRECTOR	ALEXANDER NOSKOV	175 OLDE HALF DAY ROAD, STE. 140-17 LINCOLNSHIRE, IL 60069 USA

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP			\$905.8200	1,000.00

Signed this 25 Day of April, 2023 at 11:34:30 AM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By FARID HASANOV

Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

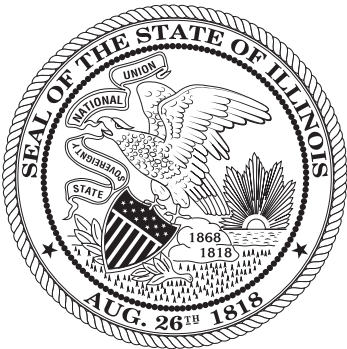
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To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

GUAVAPAY USA CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 14, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of APRIL A.D. 2023 .

Authentication #: 2310403544 verifiable until 04/14/2024
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE