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 PLAINID INC.

SECTION II

It is incorporated under the laws of State: DE 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 3/22/2016

and the period of its duration is **X** Perpetual ___

SECTION V

The location of its principal office is

No. and Street: 47 WOOD AVE SUITE 2
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 47 WOOD AVE SUITE 2
City or Town: BARRINGTON State: RI Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
INFORMATION SECURITY SOLUTIONS
THE COMPANY PROVIDES IAM (IDENTITY ACCESS MANAGEMENT) TEAMS.
O WITH A SIMPLE AND INTUITIVE MEANS TO CONTROL THE ORGANIZATION'S ENTIRE
AUTHORIZATION PROCESS STANDARDS-BASED PLATFORM ACTS AS A MASTER POLICY LAYER

MANAGING
MULTIPLE POLICIES SEAMLESSLY BETWEEN ALL FACETS OF IAM. IT SIMPLIFIES AUTHORIZATION TO ONE POINT OF DECISION, ONE POINT OF CONTROL AND ONE POINT OF VIEW OF EVERY AUTHORIZATION LEVEL: IN THE CLOUD, MOBILE AND ON-PREMISE APPLICATIONS

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	OREN HAREL	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
TREASURER	EREZ STORCH	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
SECRETARY	OREN HAREL	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
VICE PRESIDENT	GAL HELEMSKI	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	OREN HAREL	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	GAL HELEMSKI	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 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	OREN HAREL	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
TREASURER	EREZ STORCH	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
SECRETARY	OREN HAREL	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
VICE PRESIDENT	GAL HELEMSKI	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	OREN HAREL	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	GAL HELEMSKI	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 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 *Num of Shares*	
CWP			$0.0100	5,000.00

Signed this 3 Day of May, 2023 at 12:07:53 PM 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 OREN HAREL
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PLAINID 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 MAY, 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 "PLAINID INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2016.

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

5995239 8300

Authentication: 203266534

SR# 20231780306

Date: 05-03-23

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:

May 03, 2023 12:07 PM

Gregg M. Amore
Secretary of State