



State of Rhode Island
Department of State - Business Services Division

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2023 MAY 22 A 8:37

Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership,
Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation

Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number: 000512593	2. The full name of the entity filing this application is: Metavante Corporation
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)	
☐ Limited Liability Company ☒ Business Corporation ☐ Non-Profit Corporation ☐ Limited Partnership ☐ Limited Liability Partnership	
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)	
☒ Limited Liability Company (RIGL 7-16-52.1) ☐ Business Corporation (RIGL 7-1.2-1411.1) ☐ Non-Profit Corporation (RIGL 7-6-80.1) ☐ Limited Partnership or Limited Liability Partnership (RIGL 7-13.1-1009) ☐ Limited Liability Partnership (RIGL 7-12.1-1009)	
5. The date the applicant qualified to conduct business in Rhode Island is: 09/25/2009	6. The jurisdiction upon transfer of authority is: Wisconsin
7. The name of the entity following the transfer of authority is: FIS Payments LLC	
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY	
☒ Application for registration for a Limited Liability Company ☐ Application for certificate of authority for a Business Corporation ☐ Application for certificate of authority for a Non-Profit Corporation ☐ Statement of registration for a Limited Partnership ☐ Statement of registration for a registered Limited Liability Partnership	
9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good Standing/Legal Existence from the current jurisdiction of the entity.	

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 272-3040
Website: www.sos.ri.gov

FILED

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Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above.

FIS Payments LLC

Charles H. Kell

May 17, 2023

Date

Melavantic Corporation

Charles H. Kell

May 17, 2023

Date

Date

Date

Date _____

Date

Date

HJ044 - 5/4/2023 W others: K. Brown (2nd)



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 22, 2023 08:37 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

