

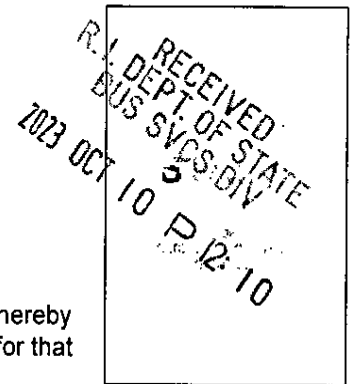


State of Rhode Island  
Department of State - Business Services Division

### Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

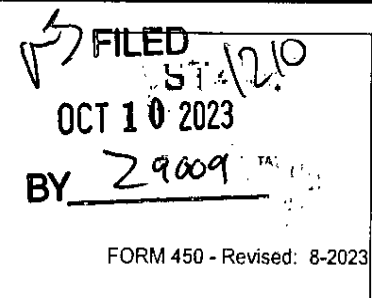


Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Nairagram LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of:		
State of Georgia		
3. The date of its organization is:		
08/30/2016		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name		
Paracorp Incorporated		
Street Address (NOT a P.O. Box)		
222 Jefferson Boulevard, Suite 200		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	02888
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
The company is filing to obtain a Money Service Business license in the State of Rhode Island. The applicant is a digital remittance company and required by the State of Rhode Island, the company must be registered in the State in the other to apply for such license.		
Check the box to indicate an attachment <input type="checkbox"/>		

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov



6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

6065 Roswell Road, suite 450, Atlanta, GA 30328

8. The mailing address for the limited liability company is:

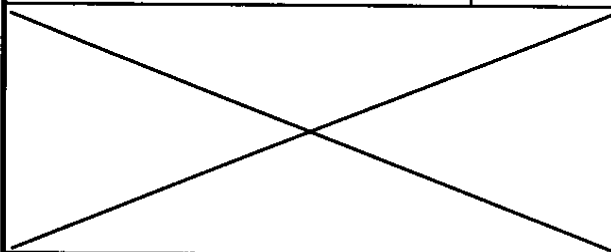
same as above

9. Management of the Limited Liability Company: **CHECK ONLY ONE BOX**

☒ Members (Owners) **DO NOT**  
complete the chart below.

OR

☐ Managers (Individuals hired by the members with no  
ownership interest) Complete the chart below.



MANAGER NAME

ADDRESS

Check the box to indicate an attachment ☐

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration 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 Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of LLC

Nairagram LLC

Date

09/21/2023

Signature of Authorized Person

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Nairagram LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26125347  
Date Inc/Auth/Filed: 08/30/2016  
Jurisdiction : Georgia  
Print Date : 10/04/2023  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State



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:

October 10, 2023 12:10 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

