

State of Rhode Island Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

ightarrow Filing Fee: \$310.00 minimum

REC'D RIDOS 850

Pursuant to the provisions of <u>RIGL 7-1.2-1405</u>, 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:

No Magic, Incorporated

2. It is incorporated under the laws of:

Wyoming

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: July 5, 1995

And the period of its duration is: CHECK ONE BOX ONLY

X Perpetual (on-going)

Date certain for dissolution

5. The address of its principal office is.

5700 Tennyson Parkway, Suite 180, Plano, Texas 75024

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

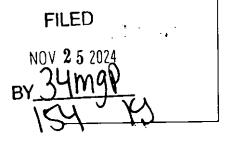
City/Town East Providence

RHODE ISLAND

State

Zip Code 02914

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



7. The purpose or purpose	ses which it prop	oses to pursue in th	e transaction of t	business in Rhode Island are:		
software and rela	ited services					
			optional, unless d	irectors are required under the laws of the		
state or country of which it is incorpora NAME		- /·	A	DDRESS		
Ludovic Monchal		175 Wyman Street, Waltham, MA 02451				
Moy Speckman		350 Hudson Street, New York, NY 10041				
Philippe Laufer		175 Wyman Street, Waltham, MA 02451				
		<u></u>				
				Check the box to indicate an attachment		
8. (b) The names and re of the state or country of			fficers (mandator	y if directors are not required under the laws		
OFFICE	NAME			ADDRESS		
PRESIDENT	Moy Specman		350 Huds	350 Hudson Street, New York, NY 10041		
VICE PRESIDENT						
TREASURER	Ludovic Monchal		175 Wym	nan Street, Waltham, MA 02451		
SECRETARY	Mark Neil		175 Wym	nan Street, Waltham, MA 02451		
			Check the box to indicate an attachment X			
9. The aggregate number par value, and series, if	er of shares whic any, within a clas	th it has authority to ss, is:	issue; itemized t	by classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE		
10,000				NO PAR VALUE		
located within this state the following year, where	during the follow ever located. (No	ving year bears to th	ne value of all pro	of the property of the corporation to be perty of the corporation to be owned during theet.)		
9						
at or from places of bus transacted by the corpo	iness in Rhode I ration during the	sland during the foll	lowing year comp	business to be transacted by the corporation bared to the gross amount thereof which will be btained from worksheet.)		
9	%					

No Magic, Incorporated

Attachment To

Rhode Island Application for Certificate of Authority

Section 8 (b) continued:

TITLE 🖷 🖷	NAME	ADDRESS
CFO	Ludovic Monchal	175 Wyman Street, Waltham, MA 02451
Assistant Secretary	Samia Sellam	10 Rue Marcel Dassault, 78140 Vélizy-Villacoublay, France
Chairman	Philippe Laufer	10 Rue Marcel Dassault, 78140 Vélizy-Villacoublay, France

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12. This application must be accompanied by a formation dated within 60 days of the date of th	Certificate of Good Standing/Letter of Status from the state or country of is filing.	
13. Date when the Certificate of Authority will be	e effective: CHECK ONE BOX ONLY	
X Date received (Upon filing) Later effective date (Date must be no more	e than 90 days from the date of filing)	
14. Under penalty of perjury, I declare and affirr any accompanying attachments, and that all st	m that I have examined this Application for Certificate of Authority, includi atements contained herein are true and correct.	ng
Type or Print Name of Authorized Officer	Date	
Ludovic MONCHAL	Signed by Ludovic MONCHAL	_
Signature of Authorized Officer of the Corporation	Gigned at 2024-11-22-16-45-11-101-00	
	- the second sec	

Reviewed by DS American Legal A M 7 7 Initial (a synctron disconvigence)

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

No Magic Incorporated

is a Profit Corporation

formed or qualified under the laws of Wyoming did on **July 5**, **1995**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **1995-000301731**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of November, 2024 at 7:13 PM. This certificate is assigned ID Number 078456130.



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Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.

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:

November 25, 2024 01:54 PM

Treng M. Course

Gregg M. Amore Secretary of State

