



**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 INTERNATIONAL PAYOUT SYSTEMS INC.

**SECTION II**

It is incorporated under the laws of State: FL 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 6/6/2007

and the period of its duration is ☒ Perpetual ☐

**SECTION V**

The location of its principal office is

No. and Street: 540 NE 4TH STREET, STE 200

City or Town: FORT LAUDERDALE

State: FL

Zip: 33301

Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD 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 URS AGENTS, LLC

**SECTION VII**

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

GLOBAL COMPREHENSIVE PAYMENT PLATFORM

### 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
DIRECTOR	EDWIN GONZALEZ	540 NE 4TH STREET, STE 200 FORT LAUDERDALE, FL 33301 USA
DIRECTOR	NATALIA YENATSKA	540 NE 4TH STREET, STE 200 FORT LAUDERDALE, FL 33301 USA
DIRECTOR	DHARMENDAR MOTHE	540 NE 4TH STREET, STE 200 FORT LAUDERDALE, FL 33301 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
DIRECTOR	EDWIN GONZALEZ	540 NE 4TH STREET, STE 200 FORT LAUDERDALE, FL 33301 USA
DIRECTOR	NATALIA YENATSKA	540 NE 4TH STREET, STE 200 FORT LAUDERDALE, FL 33301 USA
DIRECTOR	DHARMENDAR MOTHE	540 NE 4TH STREET, STE 200 FORT LAUDERDALE, FL 33301 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		N/A	\$1.0000	1,000.00

**Signed this 13 Day of March, 2025 at 8:51:13 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 EDWIN GONZALEZ

Signature of Authorized Officer of the Corporation

# *State of Florida*

## *Department of State*

I certify from the records of this office that INTERNATIONAL PAYOUT SYSTEMS INC. is a corporation organized under the laws of the State of Florida, filed on June 8, 2007, effective June 6, 2007.


The document number of this corporation is P07000067342.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on January 10, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-fourth day of  
February, 2025*



  
*Secretary of State*

Tracking Number: 5872201681CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



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:

March 13, 2025 08:50 AM

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

Gregg M. Amore  
*Secretary of State*

