

## State of Rhode Island Department of State - Business Services Division

REC'D RIDOS BSD 25 APR 7 PM1:14:45

### **Certificate of Correction**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1.2-105</u> the undersigned corporation hereby submits the	I
following Certificate of Correction:	

2. The name of the corporation is:		
PayPal Digital, Inc.		
d is:	The date the document being corrected was originally filed:	
	8/15/2024	
of the corporate action or the	defective or erroneous execution, seal or acknowledgment:	
te: 10/24/2023		
	·	
	Check the box to indicate an attachment	
the document states as follow	/S.	
e: 08/31/2023		
·	Check the box to indicate an attachment	
7. The corrected document <b>MUST</b> be attached to this certificate.		
5, the entity has paid all fees	and taxes.	
	PayPal Digital, Inc.  It is:  of the corporate action or the te: 10/24/2023  the document states as follower: 08/31/2023	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

APR 07 2025

BY 279H1

FT= ...-

Docusign Envelope ID: 8F334360-3F4E-4487-B330-7EF49C6C6AE3

<ol><li>Under penalty of perjury, I declare and affirm that I have examined this accompanying attachments, and that all statements contained herein are</li></ol>	
Type or Print Name of Authorized Officer of the Corporation	Date
Jerome Roche	4/4/2025
Signature of Authorized Officer of the Corporation	
Jerome Roche	



### State of Rhode Island **Department of State - Business Services Division**

# **Application for Certificate of Authority** FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1,2-1405, 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:			
PayPal Digital, Inc.			
2. It is incorporated under the laws of: New Yo	rk		
3. The name, if different, which it elects to use in Rho	ode 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: 08/31/2023			
And the period of its duration is: CHECK ONE BOX ONLY  Perpetual (on-going)			
Date certain for dissolution			
5. The address of its principal office is:			
117 Barrow Street, New York, NY 10014			
6. The name and address of the initial registered agent/office in Rhode Island:			
Agent Name CT CORPORATION SYSTEM			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Pkwy #7A			
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code 02914	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 150- Revised: 12/2023

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7. The purpose or purpo	ses which it p	roposes to pursue in th	e transaction of	business in Rhode Island are:
Providing financial s	ervices to in	idividuals and busir	nesses.	
8. (a) The names and restate or country of which	•		pptional, unless d	lirectors are required under the laws of the
NAME			Α	DDRESS
David Bennett	2211 N First Stree		et, San Jose, CA 95131	
Christopher Brumm	nmer 2211 N First Stree		et, San Jose, CA 95131	
Jose Fernandez da	z da Ponte 2211 N First Stree		et, San Jose, CA 95131	
Robin LaChapelle	2211 N First Stree		t, San Jose, CA 95131	
				Check the box to indicate an attachment X
8. (b) The names and re of the state or country o	•	•	ficers (mandator	y if directors are not required under the laws
OFFICE		NAME		ADDRESS
PRESIDENT	Jose Fernandez da Ponte		2211 N First Street, San Jose, CA 95131	
VICE PRESIDENT	Paul Bances		2211 N First Street, San Jose, CA 95131	
TREASURER		<del> </del>		
SECRETARY	Jerome Roche		2211 N Firs	t Street, San Jose, CA 95131
				Check the box to indicate an attachment X
<ol><li>The aggregate numb par value, and series, if</li></ol>		-	issue; itemized b	by classes, par value of shares, shares without
NUMBER OF SHARES	CLAS	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE
20,000	Commor	n NA	· · · · · · · · · · · · · · · · · · ·	\$1,000.00
			<u> </u>	
				of the property of the corporation to be perty of the corporation to be owned during
the following year, wher				
0 %				
		· · · · · · · · · · · · · · · · · · ·		
at or from places of bus	iness in Rhode	e Island during the follo	wing year comp	ousiness to be transacted by the corporation ared to the gross amount thereof which will be
	•	ne lonowing year. (Not	e. r ercemaye ot	otained from worksheet.)
<u> </u>	•			

### PayPal Digital, Inc.

#### Directors

Name	Address	
David Bennett	2211 N First Street, San Jose, CA 95131	
Chris Brummer	2211 N First Street, San Jose, CA 95131	
Robin LaChapelle	2211 N First Street, San Jose, CA 95131	
Dennis Lockhart	2211 N First Street, San Jose, CA 95131	
Jose Fernandez da Ponte	2211 N First Street, San Jose, CA 95131	
Julian Sevillano	2211 N First Street, San Jose, CA 95131	
David Szuchman	2211 N First Street, San Jose, CA 95131	

### Officers

Name	Title	Address
Jose Fernandez da	Chief Executive Officer and	2211 N First Street, San Jose, CA
Ponte	President	95131
Paul Bances	VP, Chief Operating Officer	2211 N First Street, San Jose, CA 95131
Jerome Roche	Secretary	2211 N First Street, San Jose, CA 95131
Eric Fitzpatrick	Chief Financial Officer	2211 N First Street, San Jose, CA 95131
Andrea Donkor	Chief Compliance Officer	2211 N First Street, San Jose, CA 95131

12. This application must be accompanied by a <u>Certificate of Germation</u> dated within 60 days of the date of this filing.	ood Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHE	CK ONE BOX ONLY
✓ Date received (Upon filing)	<del></del>
Later effective date (Date must be no more than 90 days fr	rom the date of filing)
14. Under penalty of perjury, I declare and affirm that I have exa any accompanying attachments, and that all statements contain	
Type or Print Name of Authorized Officer	Date
Jerome Roche	April 4, 2025
Signature of Authorized Officer of the Corporation	