



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 EPAY3, INC.

SECTION II

It is incorporated under the laws of State: DE 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 9/1/2016

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 5000 PLAZA ON THE LAKE

SUITE 200

City or Town: AUSTIN

State: TX

Zip: 78746

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD.

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 REGISTERED AGENT SOLUTIONS, INC.

SECTION VII

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

FOR PROFIT SAAS DELIVERED INSURANCE INDUSTRY PAYMENT PROCESSOR

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
PRESIDENT	MARK ENGELS	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA

PRESIDENT	MARK ENGELS	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
TREASURER	ROBERT DONZE	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
TREASURER	ROBERT DONZE	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
SECRETARY	JOEL KRISTOFERSON	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
SECRETARY	JOEL KRISTOFERSON	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
DIRECTOR	KEVIN FRICK	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
DIRECTOR	ROBERT DONZE	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
DIRECTOR	KEVIN FRICK	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
DIRECTOR	ROBERT DONZE	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 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
PRESIDENT	MARK ENGELS	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
PRESIDENT	MARK ENGELS	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
TREASURER	ROBERT DONZE	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
TREASURER	ROBERT DONZE	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
SECRETARY	JOEL KRISTOFERSON	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
SECRETARY	JOEL KRISTOFERSON	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
DIRECTOR	KEVIN FRICK	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
DIRECTOR	ROBERT DONZE	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
DIRECTOR	KEVIN FRICK	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 USA
DIRECTOR	ROBERT DONZE	5000 PLAZA ON THE LAKE, SUITE 200 AUSTIN, TX 78746 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>
No Stock Information available.			

Signed this 8 Day of April, 2025 at 9:28:00 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 JOEL KRISTOFERSON
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EPAY3, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPAY3, INC." WAS INCORPORATED ON THE FIRST DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



6137947 8300

SR# 20251072278

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in cursive script, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203175894

Date: 03-14-25