



State of Rhode Island  
Department of State - Business Services Division

REC'D RI SOS BSS  
JUN 25 PM 1:13:46  
AMP

## 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:	LeverEdge Association	
2. It is incorporated under the laws of:	Delaware	
3. The name, if different, which it elects to use in Rhode Island is:	LeverEdge Association Corp.	
<p>(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:</p> <p>LeverEdge Association Corp.</p> <p>(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:</p>		
4. The date of its incorporation is:	01/03/2019	
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is	40 SW 13th St Suite 602 Miami, FL 33130	
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name	C T Corporation System	
Street Address ( <u>NOT</u> a P.O. Box)	450 Veterans Memorial Parkway, Suite 7A	
City/Town	State	Zip Code
East Providence	RHODE ISLAND	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](http://www.sos.ri.gov)

FILED STAMP  
JUN 25 2025  
BY CAMTW  
1:13 PM

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

To help potential student loan applicants find student loans at lower rates.

8. (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):

NAME	ADDRESS
See attached Rider	

Check the box to indicate an attachment ☒

8. (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):

OFFICE	NAME	ADDRESS
PRESIDENT	See attached Rider	
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment ☐

9. 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:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
10,000,000	Common	N/A	\$0.0001

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 \_\_\_\_\_ %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 \_\_\_\_\_ %

12. 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 this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

14. *Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct*

Type or Print Name of Authorized Officer

Nikhil Agarwal

Date

6/24/2025

Signature of Authorized Officer of the Corporation

*Nikhil Agarwal*

**LeverEdge Association**

**Officer and Director Rider**

**Officers:**

<u>Name</u>	<u>Title</u>	<u>Address</u>
Nikhil Agarwal	Co-CEO	51 Pleasant St PMB 250 Malden, MA 02148
Christopher Abkarians	Co-CEO	126 Neponset Ave Unit 3 Boston, MA 02122
Nicolas Echegaray	COO	520 Brickell Key Dr, Apt 1400 Miami, FL 33131

**Directors:**

<u>Name</u>	<u>Address</u>
Nikhil Agarwal	51 Pleasant St PMB 250 Malden, MA 02148
Christopher Abkarians	126 Neponset Ave Unit 3 Boston, MA 02122

# Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEVEREDGE ASSOCIATION" 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 TWELFTH DAY OF JUNE, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



7221193 8300

SR# 20253049437

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, reading "C. B. Sanchez", written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203928799

Date: 06-12-25



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:

June 25, 2025 01:13 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

