RI SOS Filing Number: 202576281630 Date: 6/25/2025 1:13:00 PM



State of Rhode Island Department of State - Business Services Division

REC'D RIDOS BSD 25 JUN 25 PK1: 13:0

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee \$310.00 minimum

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:

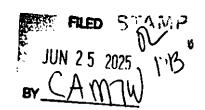
The name of the corporation is: LeverEc	lge Association				
2. It is incorporated under the laws of: Delawa	are				
3. The name, if different, which it elects to use in Rho	ode Island is LeverEdge /	Association Corp.			
(a) If the name of the corporation in its jurisdiction of incorporation does not 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:					
LeverEdge Association Corp.					
(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 filled with this application:					
4. The date of its incorporation is: 01/03/2019					
And the period of its duration is: CHECK ONE BOX Perpetual (on-going) Date certain for dissolution	ONLY				
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 (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 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

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



7. The purpose or purpo	oses which it proposes to	pursue in the	transaction o	f business in Rhode Island are:
To help potential studer	nt loan applicants find stu	dent loans at	lower rates.	
8. (a) The names and restate or country of whice		s directors (op	itional, unless	directors are required under the laws of the
NAME	 ' 			ADDRESS
See attached Rider				
· · · · · ·				
		· · · · · · · · · · · · · · · · · · ·		
	<u>_</u>			Check the box to indicate an attachment
	espective addresses of it of which it is incorporated		cers (mandato	ory if directors are not required under the laws
OFFICE	NAME	•		ADDRESS
PRESIDENT	See attached Rider			
VICE PRESIDENT				
TREASURER				
SECRETARY				
			·	Check the box to indicate an attachment
	per of shares which it has f any, within a class, is:	authority to is	sue; itemized	by classes, par value of shares, shares without
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE
10,000,000	Common	N/A		\$0.0001
				
				<u> </u>
				e of the property of the corporation to be operty of the corporation to be owned during
	rever located. (Note: Per			
9	ć			
at or from places of but	siness in Rhode Island du	uring the follow	wing year com	business to be transacted by the corporation pared to the gross amount thereof which will be obtained from worksheet.)
0	6			

12. This application must be accompanied by a <u>Certificate of Goo</u> formation dated within 60 days of the date of this filing.	d Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECI	K ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from	m the date of filing)
14. Under penalty of perjury, I declare and affirm that I have examany accompanying attachments, and that all statements containe	
Type or Print Name of Authorized Officer	Date
Nikhil Agarwal	6/24/2025
Signature of Authorized Officer of the Corporation	
Mkhil Agarwal	

LeverEdge Association

Officer and Director Rider

Officers:

Name <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:

Name Address

Nikhil Agarwal 51 Pleasant St PMB 250

Malden, MA 02148

Christopher Abkarians 126 Neponset Ave Unit 3

Boston, MA 02122



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.

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Charuni Patibanda-Sanchez, Secretary of State

C. B. Sanchey

Authentication: 203928799

Date: 06-12-25

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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

Gregg M. Amore Secretary of State

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