State of Rhode Island
Department of State - Business Services Division

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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:

MAGENTA INTERMEDIATE HOLDINGS INC.

2. It is incorporated under the laws of: DE

3. The name, if different, which it elects to use in Rhode 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: 10/10/2023

And the period of its duration is: **CHECK ONE BOX ONLY**

X Perpetual (on-going)

Date certain for dissolution _____

5. The address of its principal office is: 5565 GLENRIDGE CONNECTOR SUITE 700
ATLANTA, GA 30342

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	State	Zip Code
East Providence	RHODE ISLAND	02914

FILED

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BY 99 x K9
107 19

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

HOLDING COMPANY FOR FINANCIAL TECHNOLOGY COMPANY

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
Ritesh Gupta	5565 Glenridge Connector, Suite 700, Atlanta, GA 30342
Angela Nagy	5565 Glenridge Connector, Suite 700, Atlanta, GA 30342
Shannon Shipp	5565 Glenridge Connector, Suite 700, Atlanta, GA 30342
Michael Schuman	5565 Glenridge Connector, Suite 700, Atlanta, GA 30342

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	RITESH GUPTA	5565 GLENRIDGE CONN SUITE 700 ATLANTA, GA 30342
VICE PRESIDENT	ANGELA NAGY	5565 GLENRIDGE CONN SUITE 700 ATLANTA, GA 30342
TREASURER	SHANNON SHIPP	5565 GLENRIDGE CONN SUITE 700 ATLANTA, GA 30342
SECRETARY	MICHAEL SCHUMAN	5565 GLENRIDGE CONN SUITE 700 ATLANTA, GA 30342

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
1,000	voting non-economic common stock		$0.01
2,000	non-voting common stock		$0.01

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.)*

0.4 %

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**

x 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	Date
Angela Nagy	7-30-2025

Signature of Authorized Officer of the Corporation

Angela Nagy

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGENTA INTERMEDIATE HOLDINGS 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 THIRTIETH DAY OF JULY, 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.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

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SR# 20253514883

Authentication: 204336753

Date: 07-30-25

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

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:

August 07, 2025 01:07 PM

Gregg M. Amore
Secretary of State