



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 Cakewalk Benefits, 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 08/26/2025

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 8/16/2024

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 100 W. MLK BOULEVARD

City or Town: CHATTANOOGA

State: TN

Zip: 37402

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL HIGHWAY

STE 7A

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

and the name of its proposed registered agent in Rhode Island at that address is C T CORPORATION SYSTEM

SECTION VII

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

ADMINISTRATION OF EMPLOYER BENEFIT PLANS.

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
CEO	PAUL GABLE	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
CHIEF REVENUE OFFICER	WILLIAM KENNEDY	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
CHIEF OPERATING OFFICER	JONATHAN MORAV	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
CHIEF PRODUCT OFFICER	NIV BEN DOR	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
DIRECTOR	PAUL GABLE	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
DIRECTOR	JONATHAN MORAV	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
DIRECTOR	WILLIAM KENNEDY	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
DIRECTOR	NIV BEN DOR	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 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
CEO	PAUL GABLE	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
CHIEF REVENUE OFFICER	WILLIAM KENNEDY	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
CHIEF OPERATING OFFICER	JONATHAN MORAV	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
CHIEF PRODUCT OFFICER	NIV BEN DOR	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
DIRECTOR	PAUL GABLE	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
DIRECTOR	JONATHAN MORAV	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
DIRECTOR	WILLIAM KENNEDY	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 USA
DIRECTOR	NIV BEN DOR	100 W. MLK BOULEVARD CHATTANOOGA, TN 37402 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>	
CNP			\$0.0000	10,000,000.00

Signed this 26 Day of August, 2025 at 1:23:24 PM 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 WILLIAM KENNEDY
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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Delaware

The First State

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAKEWALK BENEFITS, 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 TWELFTH DAY OF AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAKEWALK BENEFITS, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2024.



4734765 8300

SR# 20253642420

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: 204458561

Date: 08-12-25



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:

August 26, 2025 01:21 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

