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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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FOREIGN PROFIT/NONPROFIT CORPORATION MISHIPAY INC.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

MishiPay Inc.	orporation; must include "INCORPORAT	TET.	" "COADANY " "CORDODATION "	_
	orporation; must include "INCORPORM include "INCORPORM inc." "Co," or "Corp.")	ED,	COMPANT, CORPORATION.	
			nuth)	_
	ble in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting business in Florida)	
Delaware		_ 3.	(FEI number, if applicable)	_
		d)	(Fig.1 number, if applicable)	
May 28, 2	2020 of incorporation)	_ 5.	Perpetual (Cabada and Cabada and	_
(Date	of incorporation)		(Date of duration, if other than perpetual)	
	<u> </u>			_
			in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
15 Greek S	treet. 1st Floor, London WD1 4DP, Unite			
	(P	rine	ipal office address)	_
				4 /3
	(Current	mail	ing address, if different)	TE. Sign
			į.	
Name and street	et address of Florida registered agent:	(P	O. Box NOT acceptable)	.0
Name:	C T Corporation System			esc)
	1200 South Pine Island Road		- •	د من ط
ffice Address:				ą:
	Plantation		, Florida 33324 (Zip code)	
	(City)		(Zip code)	
Registered age	ent's acceptance:			
aving been nam	ned as registered agent and to accept	ser	vice of process for the above stated corporation at th tment as registered agent and agree to act in this cap	e pla vacit
orther agree to c	omply with the provisions of all stat	utes	relative to the proper and complete performance of	'my
ities, and I am j	familiar with and accept the obligati	ons	of my position as registered agent.	
	C T Corpora	tion	System	
Ву:	Conduct Gradus Can	dice	Pignataro, Asst. Secretary	
· -	(Regis	tere	d agent's signature)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director: Mustafa Khanwala	
Address: 15 Greek Street, First Floor, London WD1 4DP, United Kingdom	
	-
Director:	
Address:	
	~ <0 TO
B. OFFICERS	### C U
President: Mustafa Khanwala, Chief Executive Officer	# # # # # # # # # # # # # # # # # # #
Address: 15 Greek Street, First Floor, London WD1 4DP, United Kingdom	¥. \$5-
	-
Vice President:	:~·
Address:	
Secretary:	
Address:	
Treasurer: Swati Phadke, Chief Financial Officer	on United Kingdon
Address: 1sr Floor, 15 Greek Street WD1 4DP, Lond	on, United Kingdon
NOTE: If necessary, you may attach an addendum to the application listing additional $h = \frac{h}{h}$.	l officers and/or directors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) a	iffirms that the facts stated herein

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Swati Phadke, Chief Financial Officer

(Typed or printed name and capacity of person signing application)



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MISHIPAY 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 TWENTY-NINTH DAY OF MAY, A.D. 2020.

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

Authentication: 203017328

Date: 05-29-20