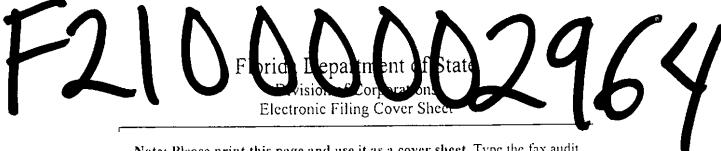
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400

Fax Number : (302)645-1280

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

EmeraldPay, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

JUN -2 2021

M. SOLOMON

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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.

EmeraldPay, Inc. (Enter name of co	orporation; must include "INCORPORATED," "C	COMPANY," "CORPORATION,"	_	
"Inc" "Co" "Co	orp," "Inc," "Co," or "Corp.")			
(If name unavaila		pted for the purpose of transacting business in Flori	đa)	
Delaware 2.	3. 85-	0779865 (FEI number, if applicable)		
4. <u>04/20/2020</u>	5	(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in Fig (SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liability)		
382 NE 191st St.	PMB 24822 Miami, Florida, 33179		- 	
·	(Principal office s	treet address)		
			<u> </u>	23
	(Current mailing a	ddress, if different)	· .¥	<u>1</u> 1
0	et address of Florida registered agent: (P.O. E	Rox NOT accentable)	# 5.1	Œ
8. Name and street	Igor Artamonov	ion <u>i.o.i.</u> acceptation,		-1 AH 10: 4
Name:			(1) (22) (1) (2)	$\stackrel{\triangle}{=}$
Office Address:	382 NE 191st St. PMB 24822		STAT Ozt	Ö
	Miami	, Florida 33179 (Zip code)	577	_
	(City)	(Zip code)		
O. Dogistared ag	ent's acceptance:			
Haning been you	end as registered agent and to accept service	of process for the above stated corporation at	the plac	ce . I
designated in this	application, I hereby accept the appointment comming with the provisions of all statutes rela	nt as registered agent and agree to act in this c tive to the proper and complete performance	of my di	ities,
and I am familia	with and accept the obligations of my positi	on as registered agent.		
	,			
	I AAT			
_	(Registered agent's sign	ature)		

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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

(((H21000216578 3)))

A. DIRECTORS						
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	PMB 24822	Director				
□President	Miami, Florida, 33179	□President				
□Vice President		□Vice President				
☐Secretary	Treasurer	Secretary		□Treasurer		
€Other	Oilter	☐Other		Other		
□Chai⊓nan	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		Director				
□President		□President				
□Vice President		□Vice President		· ··		
Secretary	Treasurer	Secretary		☐Treasurer	2-7	<u></u>
Other	Other	Other	_	Other	2000 2000 2000 2000 2000	887 JUN
☐ Chairman	Name:	□Chairman □Vice Chairman	Name:		14.77 OF S	
□ Director	, toures.	□ Director			II P.O.	AH IO: 4
□President		□President			· .	
□Vice President		☐ Vice President				
□ Secretary	□Treasurer	□ Secretary		Treasurer		
· Other	□Other	□Other		□Other		
Important Notice: individuals may b	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department Signature of Director of	int of State Annual R	ed for reporting p eport form.	urposes only. N	on-indexe	:d
۷۱*		or Officer		.4 %	معاد ارسم	ha ==

The officer or director signing this document (and who is listed in number 11 above) affirms 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 \$1.817.155, F.S.

lgor Artamonov, CEO

(((H210002165783)))

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "EMERALDPAY, 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 THIRTY-FIRST DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMERALDPAY, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF APRIL, A.D. 2020.

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

7941172 8300 SR# 20212269669

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

Jeffrey W. Bulleck, Secretory of State

Authentication: 203328013

Date: 05-31-21