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Division of Corporations

Florida Department of State
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION
 PAYWARD FINANCIAL INC**

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

 DEPARTMENT OF STATE
 TALLAHASSEE, FL

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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.

1. Payward Financial, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
 Not Applicable
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. State of Wyoming
 (State or country under the law of which it is incorporated)
3. 85-1031375
 (FEI number, if applicable)
4. 05/04/2020
 (Date of incorporation)
5. Perpetual
 (Date of duration, if other than perpetual)
6. Upon Filing
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 106 E. Lincolnway Fourth Floor, Cheyenne WY 82001
 (Principal office street address)
 Same as above
 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
 (City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By:

(Registered agent's signature)

Sandra Zwiack, Assistant Secretary

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]:

A. DIRECTORS

☐ Chairman Name: Trevor Rutar

☐ Vice Chairman Address: 106 E. Lincolnway Fourth Floor,
Cheyenne WY 82001

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: David Zacks

☐ Vice Chairman Address: 106 E. Lincolnway Fourth Floor,
Cheyenne WY 82001

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Guy Hirsch

☐ Vice Chairman Address: 106 E. Lincolnway Fourth Floor,
Cheyenne WY 82001

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Caric Dolan

☐ Vice Chairman Address: 106 E. Lincolnway Fourth Floor,
Cheyenne WY 82001

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Larry Mazza

☐ Vice Chairman Address: 106 E. Lincolnway Fourth Floor,
Cheyenne WY 82001

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Jan Owen

☐ Vice Chairman Address: 106 E. Lincolnway Fourth Floor,
Cheyenne WY 82001

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Trevor Rutar
(Type name and capacity of person signing application)

Signature of Director or Officer

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 s.817.155, F.S.

13. Trevor Rutar, CEO and Director

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

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Payward Financial, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **May 4, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000914724**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of July, 2023 at 12:22 PM. This certificate is assigned ID Number 063008114.



A handwritten signature in cursive script that reads "Chuck Gray".

Secretary of State