

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Authority

(Foreign Business Entity)

1446729.06

Fee Receipt: \$90.00

mmoore ADD

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 4/14/2025 1:57 PM

Date

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Bu	asiness Entity)			
Pursuant to the provisions of KRS 14A – and, for that purpose, submits the following	030 the undersigned hereby appling statements:	plies for authority to transa	ct business in Kentucky o	n behalf of the entity named	below
1. The entity is a: profit corporate business trust limited partne non-profit lic	t Ilmited rship Itd coo	ofit corporation liability company perative association sional service corporation	professional lin statutory trust other	nited liability company	
2. The name of the entity is $\frac{Airwallex}{\text{(The normalizer)}}$	Financing Services (US) LLC name must be identical to the n	ame on record in the stat	te where the entity was f	ormed.)	<u> </u>
3. The name of the entity to be used in h	(On		e 2 is unavailable for use	; otherwise, leave blank.)	<u> </u>
4. The state or country under whose law	the entity is organized is <u>Delaw</u>	vare			<u> </u>
5. The date of organization is $03/03/20$		and the period of dur	ation is(If left blank, dura	ation is considered perpetu	al.)
6. The mailing address of the entity's pri 188 Spear Street, 9th Floor	incipal office is	San Francisco	CA	94105	
Street Address		City	State	Zip Code	
7. The street address of the entity's registable 306 W. Main Street, Suite 512	stered office in Kentucky is	Frankfort	KY	40601	
Street Address (No P.O. Box Numbers	S)	City	Sta	te Zip Code	
and the name of the registered agent at	that office is <u>C T Corporation</u>	System			
8. The names and business addresses	of the entity's representatives (se	ecretary, officers and direct	ors, managers, trustees or	general partners):	
Irvin Ching-Yu Sha, Manager	188 Spear Street, 9th Floor	San Francisco	<u>CA</u>	94105	
Name	Street or P.O. Box	City San Francisco	State CA	Zip Code 94105	
Jason Adam Evan Gottlieb, Manager Name Airwallex Financing Holding (Singapore) Pte. Ltd., Member	Street or P.O. Box	City	State	Zip Code	
Name	Street or P.O. Box	City	State	Zip Code	
If a professional service corporation, and treasurer are licensed in one or mostatement of purposes of the corporation.	re states or territories of the Unite 1.	ed States or District of Colu	impla to relider a profession	onal service described in the	retary
10. I certify that, as of the date of filing t				of its formation.	
11. If a limited partnership, it elects to be	e a limited liability limited partners	ship. Check the box if app	olicable:		
12. If a limited liability company, check t	he box if manager-managed:				
13. This entity is a retailer of authorized	vapor products as defined by KR	RS 438.305(2). Check the b	oox, if applicable:		
/s/IRVIN CHING-YU SHA		IRVIN CHING-YU SH	,	1/2025	
Signature of Authorized Representative		Printed Name & Tit		Date	
I, C T Corporation System Type/Print Name of Registered Agent		_, consent to serve as the	registered agent on behal	of the business entity.	
By: Sear Chment	SEAN L.	. EMERICK	ASSISTANT SECR	ETARY 04/04/202	5

Title

Printed Name

Signature of Registered Agent

Division of Business Filings

P.O. Box 718