

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1296335.09

mmoore ADD

Michael G. Adams **Kentucky Secretary of State** Received and Filed:

7/24/2023 10:29 AM Fee Receipt: \$90.00

| Division of Business Filings |
|------------------------------|
| P.O. Box 718 |
| Frankfort, KY 40602 |
| (502) 564-3490 |
| www.sos.ky.gov |

(2/23)

Certificate of Authority

(Foreign Business Entity)

| Pursuant to the provisions of KRS and, for that purpose, submits the fo | | by applies for authority to | transact business in Ken | ntucky on behalf of the entity named belo | |
|---|---|---|--|---|--|
| 1. The entity is a: X profit co | rporation n | nonprofit corporation | | professional limited liability company | |
| busines | The second second | mited liability company | statutor | statutory trust | |
| | | d cooperative association | | penefit corporation | |
| non-prof | # 120 120 120 120 120 120 120 120 120 120 | rofessional service corpo | 200 | | |
| | | rolessional service corpe | auton outon | | |
| 2. The name of the entity is Paysa | The name must be identical to | the name on record wi | th the Secretary of State. |) | |
| 3. The name of the entity to be use | d in Kentucky is (if applicable):_ | | | | |
| | | | name" is unavailable for | use; otherwise, leave blank.) | |
| 4. The state or country under whos | | | | ************************************** | |
| 5. The date of organization is11/. | 30/2010 | and the period | d of duration is | duration is considered perpetual.) | |
| 6. The mailing address of the entity | s principal office is | | (ii leit blank, | duration is considered perpetual.) | |
| 1800 McGill College Ave., Su | | Montreal | QC | H3A 3J6 | |
| Street Address | | City | State | Zip Code | |
| 7. The atreat address of the entity's | registered office in Kentucky is | 3 .0 | | | |
| The street address of the entity's 306 W. Main Street, Suite 512 | registered office in Kentucky is | Frankfort | L/V | 40601 | |
| Street Address (No P.O. Box Nun | nhars) | | City | State Zip Code | |
| | TOWARDOW MAN | | , <i>,</i> | | |
| and the name of the registered age | nt at that office is CT Corpora | ation System | | , | |
| 8. The names and business address | sses of the entity's representative | es (secretary, officers and | d directors, managers, trus | tees or general partners): | |
| Lana Rabinovitch | 1800 McGill College Ave. Ste | e 2900 Montreal | QC | H3A 3J6 | |
| Name | Street or P.O. Box | City | State | Zip Code | |
| Zakary Cutler | 1800 McGill College Ave. S | te 2900 Montreal | QC | H3A 3J6 | |
| Name | Street or P.O. Box | | State | Zip Code | |
| Julissa Barrios-Balbin | Street or P.O. Box 1800 McGill College Ave. St | te 2900 Montreal | QC | H3A 3J6 | |
| Name | Street or P.O. Box | City | State | Zip Code | |
| 9. If a professional service corporat and treasurer are licensed in one or statement of purposes of the corporate | r more states or territories of the | rs, not less than one half United States or District | (1/2) of the directors, and of Columbia to render a pr | all of the officers other than the secretar ofessional service described in the | |
| 10. I certify that, as of the date of fil | 10 0 | | | diction of its formation. | |
| 11. If a limited partnership, it elects | to be a limited liability limited par | tnership. Check the box | x if applicable: | | |
| 12. If a limited liability company, c | heck box if manager-managed | : | | | |
| 13. This application will be effective | upon filing. | | | | |
| Do. | | G . | | F. L. 17, 2022 | |
| | | Secretary | 0 Title | July 17, 2023 | |
| Signature of Authorized Representation | 7e | Printed Nan | ne & Title | Date | |
| I, C T Corporation System Type/Print Name of Registered Age | nt | , consent to serve | as the registered agent on | behalf of the business entity. | |
| T Corporationsys | () Bret | | | | |
| By: Enise De | Denis | se Bell | Assistant Sec | retary 7/20/2023 | |
| Signature of Registered Agent | Printed | Name | Title | Date | |

ADDITIONAL PAGE for Paysafe Merchant Services Corp.

Certificate of Authority - FOREIGN BUSINESS ENTITY

Commonwealth of Kentucky

Application Item 8:

Question 8: Directors & Officers – Additional Directors & Officers

Phyllis Skene-Stimac – Director 1800 McGill College Ave., Suite 2900, Montreal, Quebec, Canada H3A 3J6