

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1292858.09

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed: 7/7/2023 10:48 AM Fee Receipt: \$90.00

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

Certificate of Authority (Foreign Business Entity)

| Signature of Registered Agent                                                                                                                       | Printed Name                                        |                                                | Title                      | Date                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------|----------------------------|-------------------------------------|
| Wiffayelli                                                                                                                                          | Samantha N                                          | iels                                           | Assistant Secretary        | 7/6/2023                            |
| Type/Print Name of Registered Agent                                                                                                                 |                                                     | consent to serve as the re                     | gistered agent on behalf   | of the business entity.             |
| Registered Agent Solutions, Inc.                                                                                                                    |                                                     |                                                |                            |                                     |
| Tuomas Bull Signature of Authorized Representative                                                                                                  |                                                     | mas Bell, AML & Sanctions Printed Name & Title |                            | 7/6/2023                            |
|                                                                                                                                                     | פוזוווו וזכ.                                        |                                                |                            | <b>T</b> / <b>C</b> / <b>Q Q Q</b>  |
| 13. This application will be effective up                                                                                                           | · · · · · · · · · · · · · · · · · · ·               |                                                |                            |                                     |
| 12. If a limited liability company, chec                                                                                                            | ck box if manager-managed.                          |                                                |                            |                                     |
| 11. If a limited partnership, it elects to b                                                                                                        | oe a limited liability limited partnership          | o. Check the box if applic                     | cable:                     |                                     |
| 10. I certify that, as of the date of filing                                                                                                        | this application, the above-named er                | tity validly exists under th                   | e laws of the jurisdiction | of its formation.                   |
| <ol><li>If a professional service corporation,<br/>and treasurer are licensed in one or most<br/>statement of purposes of the corporation</li></ol> | ore states or territories of the United S           |                                                |                            |                                     |
|                                                                                                                                                     |                                                     | •                                              |                            | ·                                   |
| Jacob McQuown, Secretary  Name                                                                                                                      | 475 Brannan Street, Suite 430 Street or P.O. Box    | San Francisco City                             | CA State                   | 94107<br><b>Zip Code</b>            |
| Name                                                                                                                                                | Street or P.O. Box                                  | City                                           | State                      | Zip Code                            |
| Name Olivier Marie, Director                                                                                                                        | Street or P.O. Box<br>475 Brannan Street, Suite 430 | <b>City</b><br>San Francisco                   | <b>State</b><br>CA         | <b>Zip Code</b><br>94107            |
| Mohit Kumar, President and Director                                                                                                                 | 475 Brannan Street, Suite 430                       | San Francisco                                  | CA                         | 94107                               |
| 8. The names and business addresses                                                                                                                 | s of the entity's representatives (secre            | etary, officers and director                   | rs, managers, trustees or  | r general partners):                |
| and the name of the registered agent a                                                                                                              | t that office is Registered Agent Solu              | tions, Inc.                                    |                            |                                     |
| Street Address (No P.O. Box Number                                                                                                                  | rs)                                                 | City                                           | KY Sta                     |                                     |
| 7. The street address of the entity's re 828 Lane Allen Road, Suite 219                                                                             | gistered office in Kentucky is                      | Lexington                                      | KV                         | 40504                               |
| Street Address                                                                                                                                      |                                                     | City                                           | State                      | Zip Code                            |
| 655 Montgomery Street STE 490, DPT                                                                                                                  |                                                     | San Francisco                                  | CA                         | 94111                               |
| 6. The mailing address of the entity's p                                                                                                            | orincipal office is                                 |                                                | (If left blank, duratio    | on is considered perpetual.)        |
| 5. The date of organization is 10/07/20                                                                                                             |                                                     | and the period of dura                         |                            | <del></del>                         |
| 4. The state or country under whose la                                                                                                              |                                                     | •                                              | o unavanable lei uee, e    |                                     |
| 3. The name of the entity to be used in                                                                                                             | Kentucky is (if applicable):                        | provide if "real name" is                      | s unavailable for use: o   | thorwise leave blank )              |
| (The                                                                                                                                                | name must be identical to the nan                   | ne on record with the Se                       | ecretary of State.)        |                                     |
| 2. The name of the entity is Upwork Pa                                                                                                              | ayments Inc.                                        |                                                |                            |                                     |
| non-profit lle                                                                                                                                      |                                                     | nal service corporation                        | other                      | •                                   |
| limited parti                                                                                                                                       |                                                     | rative association                             | public benefit of          | corporation                         |
| 1. The entity is a: profit corporation business true                                                                                                |                                                     | corporation<br>ability company                 | statutory trust            | mited liability company             |
| and, for that purpose, submits the follo                                                                                                            |                                                     |                                                |                            |                                     |
| Pursuant to the provisions of KRS 14A                                                                                                               |                                                     | es for authority to transac                    | ct business in Kentucky o  | on behalf of the entity named below |
|                                                                                                                                                     |                                                     |                                                |                            |                                     |
| www.sos.ky.gov                                                                                                                                      |                                                     |                                                |                            |                                     |
| (502) 564-3490                                                                                                                                      |                                                     |                                                |                            |                                     |

## Additional officers of Upwork Payments Inc.:

| Name          | Title                                 | Business Address             |  |
|---------------|---------------------------------------|------------------------------|--|
| Paul Black    | Chief Information Security Officer    | 475 Brannan Street Suite 430 |  |
|               |                                       | San Francisco, CA 94107      |  |
| Olivier Marie | Chief Financial Officer and Treasurer | 475 Brannan Street Suite 430 |  |
|               |                                       | San Francisco, CA 94107      |  |
| Thomas Bell   | Anti-Money Laundering & Sanctions     | 475 Brannan Street Suite 430 |  |
|               | Compliance Officer                    | San Francisco, CA 94107      |  |