

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **limited liability company**.
2. The name of the entity is: **GUAVAPAY USA LLC**
3. The state or country whose law the entity is organized is **Florida**.
4. The date of organization is **12/7/2023** and the period of duration is **perpetual**.
This Filing is Effective on Saturday, January 27, 2024
5. This entity is managed by Members

6. Principal Office

1144 HARVESTER CROSSING
Wellington, FL 33470

7. Required Representatives

Member	HASFAR LLC	175 OLDE HALF DAY RD, STE 140-17	Lincolnshire	IL	60069
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8. Registered Agent/Office

InCorp Services, Inc.
828 Lane Allen Road Ste 219
Lexington, KY 40504

I, **LOUISE BREYTENBACH**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Saturday, January 27, 2024

As the Authorized Representative, I, **Farid Hasanov**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Owner**