



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**1207770.09**kdcoleman  
ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 5/11/2022 11:21 AM  
 Fee Receipt: \$90.00

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

**Certificate of Authority**  
**(Foreign Business Entity)**

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 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 entity is a : ☒ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)  
☐ business trust (KRS 386). ☐ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)  
☐ limited partnership (KRS 362). ☐ ltd cooperative assn. (KRS) ☐ statutory trust  
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS)

2. The name of the entity is Chime Financial, Inc.  
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is August 20, 2012 and the period of duration is \_\_\_\_\_  
 (If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
77 Maiden Lane, 6th Floor San Francisco CA 94108  
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is  
306 W Main Street, Suite 512 Frankfort KY 40601  
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Vcorp Services, LLC

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

See Attached

Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

Please indicate the Kentucky county in which your business operates: County: _____	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input checked="" type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Mining <input type="checkbox"/> Services <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance, Insurance, Real Estate <input type="checkbox"/> Public Administration <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input checked="" type="checkbox"/> Other	

DocuSigned by: Kate Karas Kate Karas, Secretary 5/5/2022  
 Signature of Authorized Representative Printed Name & Title Date

I, Vcorp Services, LLC, consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent	Printed Name	Title	Date
<u>Miriam Nachison</u>	Miriam Nachison	Assistant Secretary	05/10/2022

Signature of Registered Agent

(05/17)

**Directors**

<b>Name</b>	<b>Address</b>
Chris Britt	77 Maiden Lane, 6 <sup>th</sup> Floor, San Francisco, CA 94108
Ryan King	77 Maiden Lane, 6 <sup>th</sup> Floor, San Francisco, CA 94108
Shawn Carolan	77 Maiden Lane, 6 <sup>th</sup> Floor, San Francisco, CA 94108
Jim Feuille	77 Maiden Lane, 6 <sup>th</sup> Floor, San Francisco, CA 94108
James Dunne	77 Maiden Lane, 6 <sup>th</sup> Floor, San Francisco, CA 94108
Susan Decker	77 Maiden Lane, 6 <sup>th</sup> Floor, San Francisco, CA 94108
Cynthia Marshall	77 Maiden Lane, 6 <sup>th</sup> Floor, San Francisco, CA 94108

**Officers**

<b>Title</b>	<b>Name</b>	<b>Address</b>
Chief Executive Officer	Chris Britt	77 Maiden Lane, 6 <sup>th</sup> Floor, San Francisco, CA 94108
Chief Technology Officer	Ryan King	77 Maiden Lane, 6 <sup>th</sup> Floor, San Francisco, CA 94108
Chief Operating Officer	Mark Troughton	77 Maiden Lane, 6 <sup>th</sup> Floor, San Francisco, CA 94108
Chief Financial Officer	Matt Newcomb	77 Maiden Lane, 6 <sup>th</sup> Floor, San Francisco, CA 94108
General Counsel & Secretary	Kate Karas	77 Maiden Lane, 6 <sup>th</sup> Floor, San Francisco, CA 94108

# Delaware

The First State

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*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHIME FINANCIAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF MAY, A.D. 2022.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHIME FINANCIAL, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF AUGUST, A.D. 2012.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.*



A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

5159085 8300

SR# 20221880984

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203387963

Date: 05-10-22