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kdcoleman ADD

8	MICHAEL G. AD	AMS, SECRETARY OF ST	ATE	Kentucky Secretary of State Received and Filed:
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 502) 564-3490 www.sos.ky.gov		ate of Authority Business Entity)		10/26/2022 11:35 AM Fee Receipt: \$90.00
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow	 030 the undersigned hereby a ving statements: 	applies for authority to transact but	siness in Kentuo	cky on beha l f of the entity named b
I. The entity is a: profit corporation business true limited partn non-profit llc	st Iimite ership Itd cc profe	profit corporation ed liability company poperative association essional service corporation	profession statutory t other	al limited liability company rust
2. The name of the entity is <u>Paywa</u> : (The	rd Ventures, Inc. name must be identical to the	name on record with the Secret	ary of State.)	
 The name of the entity to be used in The state or country under whose law 	(0	nly provide if "real name" is una aware	available for us	e; otherwise, leave blank.)
5. The date of organization is $7/1/20$		and the period of duration i	s_Perpetual	
5. The mailing address of the entity's p	rincipal office is	()	f left blank, du	ration is considered perpetual.)
237 Kearny Street, # 102		San Francisco	CA	94108
Street Address		City	State	Zip Code
7. The street address of the entity's registered office in Kentucky is 306 West Main Street, Suite 512		Frankfort	CA	40601
Street Address (No P.O. Box Number and the name of the registered agent at 3. The names and business addresses	that office is <u>CT Corpora</u>		anagers, trustee	State Zip Code es or general partners):
Street Address (No P.O. Box Number and the name of the registered agent at B. The names and business addresses See Attached.	that office is <u>CT Corpora</u>	tion System	anagers, trustee	
Street Address (No P.O. Box Number and the name of the registered agent at B. The names and business addresses See Attached. Name	that office is <u>CT Corpora</u> of the entity's representatives (s	tion System secretary, officers and directors, m		es or genera l partners):
Street Address (No P.O. Box Number and the name of the registered agent at 3. The names and business addresses See Attached. Name	that office is <u>CTCorpora</u> of the entity's representatives (s Street or P.O. Box	secretary, officers and directors, m	State	es or general partners): Zip Code
Street Address (No P.O. Box Number and the name of the registered agent at 3. The names and business addresses See Attached. Name	that office is <u>CTCorpora</u> of the entity's representatives (s Street or P.O. Box Street or P.O. Box Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n.	tion System secretary, officers and directors, m City City City ot less than one half (1/2) of the d ed States or District of Columbia t	State State State irectors, and all o render a profe	es or general partners): Zip Code Zip Code Zip Code Of the officers other than the secre ssional service described in the
Attract Address (No P.O. Box Number and the name of the registered agent at the names and business addresses See Attached. Name Name Name Name Of a professional service corporation, and treasurer are licensed in one or mo tatement of purposes of the corporation tatement of purposes of the corporation 0. I certify that, as of the date of filing t	that office is <u>CTCorpora</u> of the entity's representatives (s Street or P.O. Box Street or P.O. Box Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n.	tion System secretary, officers and directors, m City City City ot less than one half (1/2) of the d ed States or District of Columbia t	State State State irectors, and all o render a profe	es or general partners): Zip Code Zip Code Zip Code Zip Code of the officers other than the secre ssional service described in the
Street Address (No P.O. Box Number and the name of the registered agent at 3. The names and business addresses See Attached. Name Name 0. If a professional service corporation, and treasurer are licensed in one or mo- statement of purposes of the corporation 0. I certify that, as of the date of filing to 1. If a limited partnership, it elects to be	that office is <u>CTCorpora</u> of the entity's representatives (s Street or P.O. Box Street or P.O. Box Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n. his application, the above-name e a limited liability limited partner	tion System secretary, officers and directors, m City City City ot less than one half (1/2) of the d ed States or District of Columbia t	State State State irectors, and all o render a profe	es or general partners): Zip Code Zip Code Zip Code Of the officers other than the secre ssional service described in the
Street Address (No P.O. Box Number and the name of the registered agent at 3. The names and business addresses See Attached. Name Name 9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation	that office is <u>CTCorporat</u> of the entity's representatives (s Street or P.O. Box Street or P.O. Box Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n. his application, the above-name e a limited liability limited partner < box if manager-managed:	tion System secretary, officers and directors, m City City City ot less than one half (1/2) of the d ed States or District of Columbia t	State State State irectors, and all o render a profe	es or general partners): Zip Code Zip Code Zip Code Of the officers other than the secre ssional service described in the
Street Address (No P.O. Box Number and the name of the registered agent at 3. The names and business addresses See Attached. Name Name 9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporation to I certify that, as of the date of filing to 1. If a limited partnership, it elects to be 12. If a limited liability company, check	that office is <u>CTCorporat</u> of the entity's representatives (s Street or P.O. Box Street or P.O. Box Street or P.O. Box Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n. his application, the above-name e a limited liability limited partner < box if manager-managed: [n filing.	tion System secretary, officers and directors, m City City Ot less than one half (1/2) of the d ed States or District of Columbia t d entity validly exists under the law rship. Check the box if applicable	State State State irectors, and all o render a profe vs of the jurisdic	es or general partners): Zip Code Zip Code Zip Code of the officers other than the secre ssional service described in the tion of its formation.
Street Address (No P.O. Box Number and the name of the registered agent at 3. The names and business addresses See Attached. Name Name Name 0. If a professional service corporation, and treasurer are licensed in one or mo- statement of purposes of the corporation 0. I certify that, as of the date of filing to 1. If a limited partnership, it elects to be 2. If a limited partnership, it elects to be 2. If a limited liability company, check 3. This application will be effective upo WWW BUYAMIN	that office is <u>CTCorporat</u> of the entity's representatives (s Street or P.O. Box Street or P.O. Box Street or P.O. Box Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n. his application, the above-name e a limited liability limited partner < box if manager-managed: [n filing.	tion System secretary, officers and directors, m City City City ot less than one half (1/2) of the d ed States or District of Columbia t	State State State irectors, and all o render a profe vs of the jurisdic	es or general partners): Zip Code Zip Code Zip Code of the officers other than the secre ssional service described in the tion of its formation.
Street Address (No P.O. Box Number and the name of the registered agent at 3. The names and business addresses See Attached. Name Name Name 9. If a professional service corporation, and treasurer are licensed in one or mo- statement of purposes of the corporation 10. I certify that, as of the date of filing to 11. If a limited partnership, it elects to be 12. If a limited liability company, check 13. This application will be effective upor 14. If a limited liability company, check 14. If a limited liability company, check 15. This application will be effective upor 16. I certify that, as of the date of filing to 17. This application will be effective upor 18. This application will be effective upor 19. CT Corporation System	that office is <u>CTCorporat</u> of the entity's representatives (s Street or P.O. Box Street or P.O. Box Street or P.O. Box all the individual shareholders, n re states or territories of the Unit n. his application, the above-name e a limited liability limited partner < box if manager-managed: [n filing.	tion System secretary, officers and directors, m City City Ot less than one half (1/2) of the d ed States or District of Columbia t d entity validly exists under the law ship. Check the box if applicable uren Benjamin, Chief Co	State State State irectors, and all o render a profe vs of the jurisdic : mpliance O	Es or general partners): Zip Code Zip Code Of the officers other than the secre ssional service described in the tion of its formation. <u>Efficer 10/20/2022</u> Date
Street Address (No P.O. Box Number and the name of the registered agent at 3. The names and business addresses See Attached. Name Name Name O. If a professional service corporation, and treasurer are licensed in one or mo- statement of purposes of the corporation tatement of purposes of the corporation to I certify that, as of the date of filing to 10. I certify that, as of the date of filing to 11. If a limited partnership, it elects to be 12. If a limited liability company, check 13. This application will be effective upon Decusioned by: Laura Bayamin Signata Moder Address 28 Representative	that office is <u>CTCorpora</u> of the entity's representatives (s Street or P.O. Box Street or P.O. Box Street or P.O. Box all the individual shareholders, n re states or territories of the Unit his application, the above-name e a limited liability limited partner (box if manager-managed: [n filing. La	tion System cecretary, officers and directors, m city City Ot less than one half (1/2) of the d ed States or District of Columbia t d entity validly exists under the law rship. Check the box if applicable uren Benjamin, Chief Co Printed Name & Title	State State State irectors, and all o render a profe vs of the jurisdic : mpliance O	Es or general partners): Zip Code Zip Code Of the officers other than the secre ssional service described in the tion of its formation. <u>Efficer 10/20/2022</u> Date

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

President and Chief Executive Officer: David Ripley, 237 Kearny Street, #102, San Francisco, CA 94108 Chief Compliance Officer: Lauren Benjamin, 237 Kearny Street, #102, San Francisco, CA 94108 Chief Financial Officer: Carrie Dolan, 237 Kearny Street, #102, San Francisco, CA 94108 Treasurer: John Trohan, 237 Kearny Street, #102, San Francisco, CA 94108 Secretary: Grace Strickland, 237 Kearny Street, #102, San Francisco, CA 94108

Director: David Ripley, 237 Kearny Street, #102, San Francisco, CA 94108 Director: Carrie Dolan, 237 Kearny Street, #102, San Francisco, CA 94108 Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAYWARD VENTURES, 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 FIFTH DAY OF OCTOBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 204552513 Date: 10-05-22

5359931 8300 SR# 20223698471

You may verify this certificate online at corp.delaware.gov/authver.shtml