

State of Idaho

Office of the Secretary of State

**CERTIFICATE OF AUTHORITY
OF
STRIPE PAYMENTS COMPANY**

File Number C 205671

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: April 21, 2015



Lawrence Denney
SECRETARY OF STATE

By _____

Jeff Hains



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2015 APR 21 AM 9:20

The undersigned Corporation applies for a Certificate of Authority and states as follows: **SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the corporation is:

STRIPE PAYMENTS COMPANY

2. The name which it shall use in Idaho is: _____

3. It is incorporated under the laws of: DELAWARE

4. Its date of incorporation is: AUGUST 15, 2013

5. The address of its principal office is:

3180 18TH STREET, SUITE 100, SAN FRANCISCO, CA 94110

6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: 1900 NORTHWEST BLVD, STE A, COEUR D'ALENE, ID 83814

and its registered agent in Idaho at that address is: NORTHWEST REGISTERED AGENT LLC

8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>JOHN COLLISON</u>	<u>PRESIDENT/DIRECTOR</u>	<u>3180 18TH STREET, SUITE 100</u>
<u>PATRICK COLLISON</u>	<u>DIRECTOR</u>	<u>SAN FRANCISCO, CA 94110</u>
<u>JON ZIEGER</u>	<u>SECRETARY</u>	<u>" "</u>
<u>BILLY ALVARADO</u>	<u>TREASURER</u>	<u>" "</u>
<u>VINCENT COGAN</u>	<u>ASST. SECRETARY</u>	<u>" "</u>

Dated: APRIL 20, 2015

Signature: _____

Typed Name: VINCENT COGAN

Capacity: ASST. SECRETARY

[The signer must be a director or an officer of the corporation.]

Customer Acct #: 238717

(if using pre-paid account)

Secretary of State use only

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 Revised 06/2005

IDAHO SECRETARY OF STATE

04/21/2015 05:00

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Web Form

C205671

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRIPE PAYMENTS COMPANY" 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 SEVENTEENTH DAY OF APRIL, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRIPE PAYMENTS COMPANY" WAS INCORPORATED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2013.

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

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150527850

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2301241

DATE: 04-17-15