



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typewritten)

For Office Use Only

**-FILED-**

File #: 0004487645

Date Filed: 11/4/2021 2:16:00 PM

- The name of the entity is: SAFARIPAY CORP.
- The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name here only if you are required to adopt an alternate name.)
- Select the type of entity you wish to register:
 

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)	
- Jurisdiction of formation: Delaware  
(Provide the domestic jurisdiction where the entity was formed.)
- The address of its principal office is:  
860 Blue Gentian Road, Suite 200, Eagan, MN 55121  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
- The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(Mailing Address, if different)
- The mailing address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Address)
- Name and street address of registered agent in Idaho:  
Registered Agent Solutions, Inc. 921 S. Orchard, Suite G, Boise, ID 83705  
(Name and Address)
- The name, capacity, and mailing address of at least one governor:
 

<u>Leea Gibson</u>	<u>President/Secretary</u>	<u>860 Blue Gentian Road, Suite 200, Eagan, MN 55121</u>
(Name)	(Capacity)	(Address)
_____ (Name)	_____ (Capacity)	_____ (Address)

Secretary of State use only

Typed Name: Leea Gibson

Signature: Leea Gibson

Capacity: President

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFARIPAY CORP." 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 NINETEENTH DAY OF OCTOBER, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFARIPAY CORP." WAS INCORPORATED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2018.

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



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SR# 20213551112

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

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

Authentication: 204449197

Date: 10-19-21

B0652-4310 11/04/2021 2:16 PM Received by ID Secretary of State Lawrence Denney