

EXHIBIT E

ARTICLES OF ORGANIZATION

OF LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: BLUEACORN PPP, LLC
ENTITY ID: 23211388
ENTITY TYPE: Domestic LLC
EFFECTIVE DATE: 04/16/2021
CHARACTER OF BUSINESS: Any legal purpose
MANAGEMENT STRUCTURE: Manager-Managed
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES: N/A

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Radix Law, PLC
PHYSICAL ADDRESS: 15205 N. Kierland Blvd, Ste. 200, SCOTTSDALE, AZ 85254
MAILING ADDRESS: 15205 N. Kierland Blvd, Ste. 200, SCOTTSDALE, AZ 85254

PRINCIPAL ADDRESS

15205 N. Kierland Blvd, Ste. 200, SCOTTSDALE, AZ 85254

PRINCIPALS

Member: Nate Reis - c/o Radix Law, PLC 15205 N. Kierland Blvd., Suite 200, SCOTTSDALE, AZ, 85254, USA - -
Date of Taking Office:

Member and Manager: Noah Spirakus - c/o Radix Law, PLC 15205 N. Kierland Blvd, Suite 200, SCOTTSDALE, AZ, 85254, USA - - Date of Taking Office:

ORGANIZERS

Noah Spirakus

SIGNATURES

Organizer: Noah Spirakus - 04/16/2021



Wyoming Secretary of State
Herschler Building East, Suite 101
122 W 25th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Email: Business@wyo.gov

WY Secretary of State
FILED: 03/24/2021 12:50 PM
ID: 2021-000991200

Application for Registration of Trade Name

1. Trade name to be registered:

Blueacorn.co

2. Name of applicant:

Fin Cap Inc.

3. Business address of applicant:

5830 E. 2nd St., Ste. 7000 #2435
Casper, WY 82609

4. Mailing address of applicant (if different from business address):

5. Applicant is (selection should correspond to information listed in item #2):

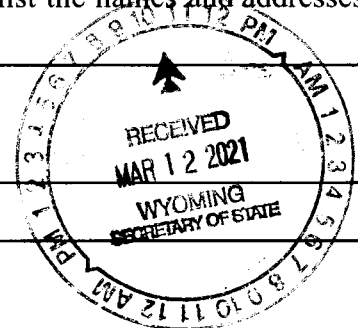
- | | | |
|--|---|---|
| ☐ individual; | ☒ corporation; | ☐ general partnership; |
| ☐ limited partnership; | ☐ limited liability company; | ☐ statutory trust; |
| ☐ unincorporated association; | ☐ statutory foundation; | ☐ other: |

6. If the applicant is a corporation, limited partnership, limited liability company, statutory trust or statutory foundation, list the state of incorporation, organization, or formation:

Wyoming

If the applicant is a limited partnership, general partnership, or statutory trust, list the names and addresses of the partners, general partners, or trustees:

If the applicant is "other," explain:



7. Describe general nature of business conducted by applicant:

Software

8. Date first used in Wyoming: 11/01/2020

(Date – mm/dd/yyyy)

•The name must be in use in Wyoming prior to registration.

Date: 03/11/2021

(mm/dd/yyyy)

Signature:

James Flores

Print Name:

James Flores

Title:

Director and President

Contact Person: Justin Davis

Daytime Phone Number: 623-248-1799

Email: justin@justinrdavislaw.com

(Email provided will receive filing evidence)

*May list multiple email addresses

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me by James Flores

Signatory's Printed Name

Tevis D. Van Treese

Notary Public's Signature

3/11/2021

Notary Date (mm/dd/yyyy)

1/12/2024

Notary's Commission Expiration

Notarial Seal:



Important Information:

- **Filing Fee: \$100.00** Make check or money order payable to Wyoming Secretary of State.
- One **originally signed and notarized** filing must be submitted.
- Registration is effective for a term of ten years and is renewable. The renewal may not be filed more than six months prior to the expiration.
- Renewal forms are mailed by the office of the Secretary of State to registrants whose trade name is up for renewal. Trade name renewal fee is \$50.00.



Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020
Ph. 307-777-7311

For Office Use Only
WY Secretary of State
FILED: Oct 12 2020 12:26PM
Original ID: 2020-000951043

Profit Corporation Articles of Incorporation

- I. **The name of the profit corporation is:**
FIN CAP INC.
- II. **The name and physical address of the registered agent of the profit corporation is:**
LEGALINC CORPORATE SERVICES INC.
5830 E 2nd St Ste 8
Casper, WY 82609
- III. **The mailing address of the profit corporation is:**
5830 E 2ND ST, STE 7000 #2435
CASPER, WY 82609
- IV. **The principal office address of the profit corporation is:**
5830 E 2ND ST, STE 7000 #2435
CASPER, WY 82609
- V. **The number, par value, and class of shares the profit corporation corporation will have the authority to issue are:**
Number of Common Shares: 1,500 Common Par Value: \$0.0100
Number of Preferred Shares: 0 Preferred Par Value: \$0.0000
- VI. **The name and address of each incorporator is as follows:**
INCFIL.COM LLC
17350 STATE HWY 249 #220, HOUSTON, TX, 77064

Signature: LOVETTE DOBSON

Date: 10/12/2020

Print Name: LOVETTE DOBSON

Title: INCORPORATOR

Email: EFILE1234@INCFIL.COM

Daytime Phone #: (888) 462-3453

- ☒ I am the person whose signature appears on the filing; that I am authorized to file these documents on behalf of the business entity to which they pertain; and that the information I am submitting is true and correct to the best of my knowledge.
- ☒ I am filing in accordance with the provisions of the Wyoming Business Corporation Act, (W.S. 17-16-101 through 17-16-1804) and Registered Offices and Agents Act (W.S. 17-28-101 through 17-28-111).
- ☒ I understand that the information submitted electronically by me will be used to generate Articles of Incorporation that will be filed with the Wyoming Secretary of State.
- ☒ I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this filing.
- ☒ I have conducted the appropriate name searches to ensure compliance with W.S. 17-16-401.
- ☒ I affirm, under penalty of perjury, that I have received actual, express permission from each of the following incorporators to add them to this business filing: INCFILE.COM LLC

Notice Regarding False Filings: Filing a false document could result in criminal penalty and prosecution pursuant to W.S. 6-5-308.

W.S. 6-5-308. Penalty for filing false document.

(a) A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both, if he files with the secretary of state and willfully or knowingly:

(i) Falsifies, conceals or covers up by any trick, scheme or device a material fact;

(ii) Makes any materially false, fictitious or fraudulent statement or representation; or

(iii) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry.

- ☒ I acknowledge having read W.S. 6-5-308.

Filer is: ☒ An Individual ☐ An Organization

Filer Information:

By submitting this form I agree and accept this electronic filing as legal submission of my Articles of Incorporation.

Signature: LOVETTE DOBSON

Date: 10/12/2020

Print Name: LOVETTE DOBSON

Title: INCORPORATOR

Email: EFILE1234@INCFILE.COM

Daytime Phone #: (888) 462-3453

Consent to Appointment by Registered Agent

LEGALINC CORPORATE SERVICES INC., whose registered office is located at **5830 E 2nd St Ste 8, Casper, WY 82609**, voluntarily consented to serve as the registered agent for **FIN CAP INC.** and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature: **LOVETTE DOBSON**

Date: **10/12/2020**

Print Name: **LOVETTE DOBSON**

Title: **INCORPORATOR**

Email: **EFILE1234@INCFIL.COM**

Daytime Phone #: **(888) 462-3453**

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF INCORPORATION

FIN CAP INC.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **12th** day of **October, 2020** at **12:26 PM**.

Remainder intentionally left blank.



Filed Date: 10/12/2020



Secretary of State

Filed Online By:

LOVETTE DOBSON

on 10/12/2020