

**F15000001436**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCAG00000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

**\*\*Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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15 APR -3 PM 2:02

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
GovDelivery, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

REGISTRY OF S PART  
TALLAHASSEE FLORIDA

15 APR -3 AM 1:08

FILED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.**

1. GOVDBLIVERY, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Minnesota 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/26/1999 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SBB SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 408 Saint Peter Street, Suite 600, St Paul, MN 55102  
(Principal office address)

same  
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: Jenifer Vincent  
(Registered agent's signature) Jenifer Vincent  
Vice President & Assistant Secretary

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR -3 AM 1:09

11. Names and business addresses of officers and/or directors:

A. DIRECTORS *SEE ATTACHMENT*

Chairman: SCOTT M. BURNS

Address: 408 SAINT PETER STREET, SUITE 600  
ST. PAUL, MN 55102

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: JOHN LOFTUS

Address: 555 EAST LANCASTER AVE, STE 640  
RADNOR PA 19087

Director: DOUG ALEXANDER

Address: 555 EAST LANCASTER AVE, STE 640  
RADNOR PA 19087

B. OFFICERS *SEE ATTACHMENT*

President: SCOTT M. BURNS

Address: 408 SAINT PETER STREET, SUITE 600  
ST PAUL, MN 55102

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: SCOTT POWERS

Address: 555 EAST LANCASTER AVE, STE 640, RADNOR, PA 19087

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. [Signature]

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.

13. SCOTT M. BURNS PRESIDENT + CEO

(Typed or printed name and capacity of person signing application)

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15 APR -3 AM 1:00  
DEPT OF STATE  
HARRISBURG, PA  
19087

**GovDelivery, Inc. List of Additional Officers and/or Directors**

**DIRECTOR:** Vince Menichelli

**ADDRESS:** 555 East Lancaster Ave, Ste 640, Radnor, PA 19087

**OFFICER:** Becky Dulac

**ADDRESS:** 408 Saint Peter Street, Suite 600, St Paul, MN 55102

**OFFICER:** Bob Ainsbury

**ADDRESS:** 408 Saint Peter Street, Suite 600, St Paul, MN 55102

**OFFICER:** Steve Ressler

**ADDRESS:** 408 Saint Peter Street, Suite 600, St Paul, MN 55102

**OFFICER:** Dave Worsell

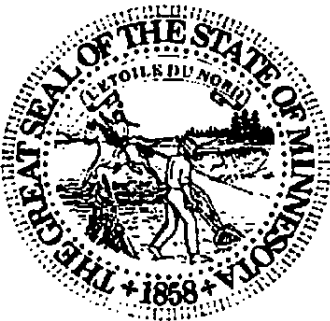
**ADDRESS:** 408 Saint Peter Street, Suite 600, St Paul, MN 55102

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	GovDelivery, Inc.
Date Filed:	05/26/1999
File Number:	10R-784
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 04/02/2015



*Steve Simon*  
 Steve Simon  
 Secretary of State  
 State of Minnesota

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 15 APR -3 AM 1:09  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA