

F18000001234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

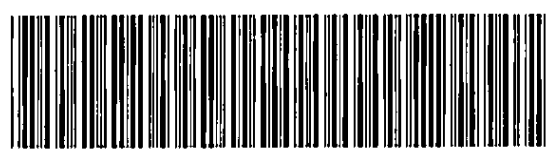
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY
MAR 14 2018

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserve.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 3/13/2018

PRIORITY Routine

OUR REF # (Order ID#) 635577

ORDER ENTITY

THE ACTION NETWORK, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

THE ACTION NETWORK, INC. (FL)

File the attached foreign qualification document
Please provide a certified copy as evidence.

NOTES:

\$78.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be the initials "MS" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

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

1. THE ACTION NETWORK, 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. DELAWARE 3. 82-2411355 / DE SOS 6499439
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 2, 2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 12180 Millennium Drive, Suite 500, Playa Vista, CA 90094
(Principal office address)

_____ (Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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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.

NRAI Services, Inc.
By Christy McCullough Christy McCullough, Assistant Secretary of NRAI Services, Inc.
(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jesse Jacobs

Address: 12180 Millennium Drive, Suite 500

Playa Vista, CA 90094

Director: Mike Kerns

Address: 12180 Millennium Drive, Suite 500

Playa Vista, CA 90094

B. OFFICERS

President: Mark Kamal (Interim)

Address: 12180 Millennium Drive, Suite 500

Playa Vista, CA 90094

Vice President: _____

Address: _____

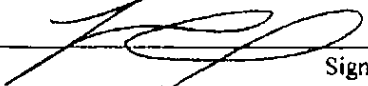
Secretary: Lauren Goldberg

Address: 12180 Millennium Drive, Suite 500, Playa Vista, CA 90094

Treasurer: Jennifer Randle

Address: 12180 Millennium Drive, Suite 500, Playa Vista, CA 90094

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

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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, F.S.

13. Lauren Goldberg, Secretary

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

THE ACTION NETWORK, INC.

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TALLAHASSEE, FLORIDA

ADDENDUM TO
FLORIDA APPLICATION FOR CERTIFICATE OF AUTHORITY

Continuation of #11(A) – Directors:

| NAME | BUSINESS ADDRESS |
|-----------------|---|
| Mark Kamal | 12180 Millennium Drive, Suite 500 Playa Vista, CA 90094 |
| Daniel Fabrizio | 100 Cummings Center, Suite 226-Q Beverly, MA 01915 |
| Brian Mead | c/o Orrick, Herrington & Sutcliffe LLP 1000 Marsh Road Menlo Park, CA 94025 |

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE ACTION NETWORK, 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 THIRTEENTH DAY OF MARCH, A.D. 2018.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE ACTION NETWORK, INC." WAS INCORPORATED ON THE SECOND DAY OF AUGUST, A.D. 2017.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6499439 8300

SR# 20181877387

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202308339

Date: 03-13-18