

4/1/2015 12:36 From: To: 6176381

Division of Corporation

(1/7)

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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15 APR -1 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

RECEIVED
15 APR -1 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
Ride Group, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

APR 2 2015

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ride Group, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David J. Liebman

Name of Person

Ride Group, Inc.

Firm/Company

309 Cherry Street

Address

Philadelphia, PA 19106

City/State and Zip code

david.liebman@vride.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

____ at (____) _____
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED

15 APR -1 AM 8:43

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

SECRETARY OF STATE
TALLAHASSEE, 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. Ride Group, 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. 47-2623085
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12/09/2014 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)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 309 Cherry Street, Philadelphia, PA 19106
(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.

CT Corporation System
By: [Signature] - VP
(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.

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Ann Fandozzi

Address: 309 Cherry Street

Philadelphia, PA 19106

Vice President: _____

Address: _____

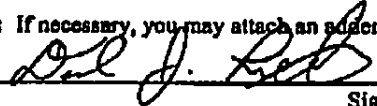
Secretary: David Liebman

Address: 309 Cherry Street, Philadelphia, PA 19106

Treasurer: Jack Gallagher

Address: 309 Cherry Street, Philadelphia, PA 19106

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 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, F.S.

David Liebman - Secretary

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

**Attachment to Florida
Officers & Directors**

1	Full Name:	Oscar Salazar
	Officer/Director:	Officer
	Officer's Title:	Vice President of Product and Technology
	Director's Title:	
	Business Address:	309 Cherry Street
	City:	Philadelphia
	State:	PA
	ZIP Code:	19106
2	Full Name:	Shivsiday Dutt
	Officer/Director:	Officer
	Officer's Title:	Vice President of Sales
	Director's Title:	
	Business Address:	309 Cherry Street
	City:	Philadelphia
	State:	PA
	ZIP Code:	19106
3	Full Name:	Ann Fandozzi
	Officer/Director:	Officer, Director
	Officer's Title:	President & Chief Executive Officer
	Director's Title:	Director
	Business Address:	309 Cherry Street
	City:	Philadelphia
	State:	PA
	ZIP Code:	19106
4	Full Name:	Ransom Langford
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	309 Cherry Street
	City:	Philadelphia
	State:	PA
	ZIP Code:	19106
5	Full Name:	William McGlashan

	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	309 Cherry Street
	City:	Philadelphia
	State:	PA
	ZIP Code:	19106
6	Full Name:	R. Jeffrey Henning
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	309 Cherry Street
	City:	Philadelphia
	State:	PA
	ZIP Code:	19106
7	Full Name:	Amy Guggenheim Shenkan
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	309 Cherry Street
	City:	Philadelphia
	State:	PA
	ZIP Code:	19106
8	Full Name:	Julie Roehm
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	309 Cherry Street
	City:	Philadelphia
	State:	PA
	ZIP Code:	19106

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIDE GROUP, 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 THIRTY-FIRST DAY OF MARCH, 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 ANNUAL REPORTS HAVE BEEN FILED TO DATE.



3603176 8300

150442470

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2251076

DATE: 03-31-15