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FLORIDA FILING & SERVICE SERVICES INC.

Requester's Name

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TALLAHASSEE, FL 32302 668-4318

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. THE MOTLEY FOOL INC  
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☐ Pick up time ☐ Photocopy  
☐ Mail out ☐ Will wait

☐ Certified Copy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☒ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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-04/26/00--01071--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 26 PM 1:15

RECEIVED  
00 APR 26 PM 12:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials

**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 Motley Fool, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 54-1742975  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/19/1994 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATIONS  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 123 N. PITT Street  
Alexandria, VA 22314  
(Current mailing address)

8. may have a few employees in Florida, however, no business office in the state.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  
may also hold various conferences in the state of Florida.

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: NRAI Services, Inc.

Office Address: 526 East Park Avenue

Tallahassee, Florida, 32301  
(Zip code)

10. 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.

Henry D. Staudin  
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: See attached schedule

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

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

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

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

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

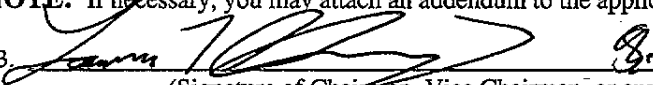
Secretary: \_\_\_\_\_

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

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

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

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lawrence T Greenberg, Secretary  
(Typed or printed name and capacity of person signing application)

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Name	Title	Address	City	State	Zip
Thomas Gardner	Co-President and Director	Street			
David Gardner	Co-President and Director	123 N Pitt Street	Alexandria	VA	22314
Erik Rydholm	VP and COO	123 N Pitt Street	Alexandria	VA	22315
Gary Hill	CFO and Treasurer	123 N Pitt Street	Alexandria	VA	22316
Lawrence Greenberg	CLO and Secretary	123 N Pitt Street	Alexandria	VA	22317
Dwight Gibbs	VP and CTO	123 N Pitt Street	Alexandria	VA	22318
Dan Levitan	Director	123 N Pitt Street	Alexandria	VA	22319
Michael J. Levinthal	Director	Maveron LLC, 800 Fifth Avenue, Suite 4100	Seattle	WA	98104
Lennert J. Leader	Director	Mayfield Fund, 2800 Sand Hill Road	Menlo Park	CA	94020
		22000 AOL Way	Dulles	VA	20168

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SECRETARY OF CORPORATIONS  
JAN 11 1:45 PM '06

*State of Delaware*  
*Office of the Secretary of State*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 26 PM 1:45

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE MOTLEY FOOL, 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 THIRD DAY OF APRIL, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE MOTLEY FOOL, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF JULY, A.D. 1994.

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

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



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\_\_\_\_\_  
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

0356536

04-03-00