| | Florida Department of State Division of Corporations Electronic Filing Cover Sheet |
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| | 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 $\sum_{n=1}^{\infty}$ |
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| | H120000485103ABCT |
| | Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. |
| | To: Division of Corporations Fax Number : (850)617-6381 |
| | From: Account Name : CORPDIRECT AGENTS, INC. Account Number : 110450000714 Phone : (850)222~1173 Fax Number : (850)224~1640 |
| • | *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: |
| | |
| | |
| | FOREIGN PROFIT/NONPROFIT CORPORATION M3 MOBILE INCORPORATED |
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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: M3 Mobile, Incorporated

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:

| <u> </u> |
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| | | | TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA, | FEB | |
|---|--|------|--|------------|--------|
| M3 Mobile, Incr | orporeted | | SAN SAN | 21 | 1 |
| | orporation; must include "INCORPORAT htp:" "Inc," "Ca," or "Carp.") | ED, | " "COMPANY," "CORPORATION," | PĦ 4: 5 | n C |
| (If name unavaila | ble in Florida, enter alternate corporate n | âme | adopted for the purpose of transacting business in Figrida) | . <u>.</u> | |
| Pennayivania | · · | з. | 26-2028695 | | |
| (State or country i | under the law of which it is incorporated) | | (FEI number, If applicable) | • | |
| February 19, 2 | 008 | 5. | perpetual | _ | |
| (Date | of incorporation) | , | (Duration: Year corp. will cease to exist or "perpetual") | • | |
| January 1, 201 | 2 | | | | |
| 1100 First Aven | (Principal office ue, King of Prussis, PA 19408 (Current mailing | | · | - | |
| 3. Marketing Serv | | | | - | |
| | | | country to be carried out in state of Florida) | | |
| (Purpose(s | <u>address</u> of Florida registered agenti | (P.(| O. Box <u>NOT</u> acceptable) | | |
| (Purpose(s | | | | | |
| (Purpose(s | NRAI Services, Inc. | - | | • | |
| (Purpose(s), Name and <u>stree</u> Name: | NRAI Services, Inc. 515 East Park Avanue | | | | |
| (Purpose(s). Name and <u>stree</u> Name: | | | , Florida 32301 | | |
| (Purpose(s 9. Name and stree | 515 East Park Avenue | | , Florida 32301 (Zip code) | | |

| NRAI Servic | es, Inc. | |
|-------------|--------------------------------|-----------------------------------|
| By: | | > |
| | (Registered agent's signature) | Jose Castellanos, Asst. Secretary |

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.

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| 12. Names and business addresses of officers and/or directors:A. DIRECTORS | H12000046510 3 FILEI H12000046510 3 FILEI FILEI |
|--|---|
| Chairman: Simone Barratt | |
| Address: 65 Network Drive, Suite 400 | <u> </u> |
| Burlington, MA 01803 | 377 B |
| Vice Chairman: | · · · · · · · · · · · · · · · · · · · |
| Address: | |
| · · · · · · · · · · · · · · · · · · · | · |
| Director; Scott Rosenberg | |
| Address: 935 First Avenue | |
| King of Prussia, PA 19406 | |
| Director: Paul Cataldo | <u></u> |
| Address: 935 First Avenue | |
| King of Prussia, PA 19406 | |
| B. OFFICERS | • |
| President; Simone Barrett | |
| Address: 935 First Avenue | |
| King of Prussia, PA 19406 | · · · · · · · · · · · · · · · · · · · |
| Vice President: | |
| Address: | · |
| Autros: | |
| Secretary: Paul Cataldo | |
| Address: 935 First Avenue, King of Prussia, PA 19406 | |
| | ······································ |
| Address: 2145 Hamilton Avenue, San Jose, CA 19406 | |
| | |
| NOTE: If necessary, you may attach an addendum to the application listing additional off | lcers and/or directors. |
| 13 (Signature of Director or Officer listed in number 12 of the application | |
| | on) |
| 14. Kathryn Hail, Assistant Secretary (Typed or printed name and capacity of person signing application |) |

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Officers and Directors of M3 Mobile, Incorporated

| Executive Officer Name | Position | 200 - J |
|------------------------|-----------------------------|---------|
| Simone Barratt | President | -2:32 |
| Scott Rosenberg | Chief Financial Officer | 577 0 |
| Anthony Glasby | Treasurer | |
| Paul Cataldo | General Counsel & Secretary | |
| Brian Levey | Assistant Secretary | |
| Kethryn Hall | Assistant Secretary | |

The address for Ms. Barrett is: 65 Network Drive, Suite 400, Burlington, MA 08103 and for Messrs. Rosenberg and Cataldo is: 935 First Avenue, King of Prussia, PA 19406

The address for Messrs. Glasby, Levey and Ms. Hall is: 2145 Hamilton Avenue, San Jose, CA 95125

| nington, MA 01803 |
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| a, PA 19406 |
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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

FEBRUARY 21, 2012

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

I DO HEREBY CERTIFY THAT,

M3 Mobile, Incorporated

Is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not Imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number; 10117540-1 Verify this certificate online at http://www.corporations.state.ps.us/corp/soskb/verify.asp

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