

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 : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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
GoPivotal, Inc.

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 APR 25 AM 9:55

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DIVISION OF CORPORATIONS

13 APR 25 PM 3:56

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GoPivotal, 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:

Tracy M. Magnan
Name of Person

Firm/Company

176 South Street
Address

Hopkinton, MA 01748
City/State and Zip code

tracy.magnan@emc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy M. Magnan at (508) 293-6614
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

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TALLAHASSEE FLORIDA

**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. GoPivotal, 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

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 04/01/2013

(Date of incorporation)

5. Perpetual

(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. 1900 S. Norfolk Street, San Mateo, CA 94403

(Principal office address)

same

(Current mailing address)

Development, marketing, distribution and sale of information technology products
and solutions including hardware, software and associated services, such as support
and consulting as well as other activities related to the business operations of the company.

8.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(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.*

C T Corporation System

By Tammy Tofteroo

(Registered agent's signature)

Tammy Tofteroo

Vice President

**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 SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Paul Maritz

Address: 1900 S. Norfolk Street

San Mateo, CA 94403

Vice President: Andrew Cohen

Address: 1900 S. Norfolk Street

San Mateo, CA 94403

Secretary: Paul T. Dacier

Address: 176 South Street, Hopkinton, MA 01748

Treasurer: Andrew Cohen

Address: 1900 S. Norfolk Street, San Mateo, CA 94403

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

13. [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, F.S.

14. June Duchesne, Asst. Secretary

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

4/25/2013 15:06:48 From: To: 8506176381

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TALLAHASSEE FLORIDA

**Attachment to Florida
Officers & Directors**

Full Name:	June Duchesne
Officer/Director:	Officer
Officer's Title:	Assistant Secretary
Director's Title:	
Business Address:	176 South Street
City:	Hopkinton
State:	MA
ZIP Code:	01748
Full Name:	Paul Maritz
Officer/Director:	Officer, Director
Officer's Title:	President and CEO
Director's Title:	Director
Business Address:	1900 S. Norfolk Street
City:	San Mateo
State:	CA
ZIP Code:	94403
Full Name:	Randolph L. Cowen
Officer/Director:	Director
Officer's Title:	
Director's Title:	Director
Business Address:	176 South Street
City:	Hopkinton
State:	MA
ZIP Code:	01748
Full Name:	Joseph M. Tucci

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TALLAHASSEE FLORIDA**

Officer/Director:	Director
Officer's Title:	
Director's Title:	Director
Business Address:	176 South Street
City:	Hopkinton
State:	MA
ZIP Code:	01748
Full Name:	William J. Teuber
Officer/Director:	Director
Officer's Title:	
Director's Title:	Director
Business Address:	176 South Street
City:	Hopkinton
State:	MA
ZIP Code:	01748
Full Name:	Patrick Delsinger
Officer/Director:	Director
Officer's Title:	
Director's Title:	Director
Business Address:	176 South Street
City:	Hopkinton
State:	MA
ZIP Code:	01748

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TALLAHASSEE FLORIDA**

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Delaware

The First State

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOPIVOTAL, 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5311800 8300

130477774

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0382834

DATE: 04-24-13