To: Page 2 of 5 2014-01-17 ... (GMT) 13235444790 From: ...

12/10/13 Division of Corporations

F14000000268

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : NORTHWEST REGISTERED AGENT LLC
Account Number : I20090000081
Phone : (509) 768-2249
Fax Number : (323) 544-4790

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

Email Address: processing@llcagent.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Stripe Payments Company

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Certificate of Status	0
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Page Count	04
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JAN 22 2014

J. BRYAN

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SECRETARY OF STATE
ALLAHASSEE 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. Stripe Payments Company
(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. N/A
(FEI number, if applicable)

4. 08/15/2013
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "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. 3180 18th Street, STE 100, San Francisco, CA 94110
(Principal office address)

3180 18th Street, STE 100, San Francisco, CA 94110
(Current mailing address)

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: Northwest Registered Agent, LLC

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa (City), Florida 33607 (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.

Dan Keen-Manager
(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.

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

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TALLAHASSEE FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: John Collison

Address: 3180 18th Street, STE 100, San Francisco, CA 94110

Director: Patrick Collison

Address: 3180 18th Street, STE 100, San Francisco, CA 94110

B. OFFICERS

President: John Collison

Address: 3180 18th Street, STE 100, San Francisco, CA 94110

Vice President: _____

Address: _____

Secretary: Jon Zieger

Address: 3180 18th Street, STE 100, San Francisco, CA 94110

Treasurer: Billy Alvarado

Address: 3180 18th Street, STE 100, San Francisco, CA 94110

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

13. _____
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. JON ZIEGER, GEN. COUNSEL & CORP. SECRETARY
(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRIPE PAYMENTS COMPANY" 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 TENTH DAY OF DECEMBER, A.D. 2013.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRIPE PAYMENTS COMPANY" WAS INCORPORATED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2011.

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AUTHENTICATION: 0078358

DATE: 12-10-13

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