

1/29/2014 10:19:27 From: To: 850 617 6381

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Division of Corporations

Page 1 of 1

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  
BLUESNAP, INC.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

*Handwritten signature and date: 01/30/14*

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TALLAHASSEE, FL

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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### COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** BLUESNAP, 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:

NATALA LANZARA

Name of Person

BLUESNAP, INC

Firm/Company

800 SOUTH STREET, SUITE 640

Address

WALTHAM, MA 02453

City/State and Zip code

NATALA.LANZARA@BLUESNAP.COM

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

For further information concerning this matter, please call:

NATALA LANZARA

at ( 781 )

790-5042

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

# **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. BLUESNAP, 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. CALIFORNIA

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

3. 45-0479415

(FEI number, if applicable)

4. JUNE 4, 2002

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2014

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 800 SOUTH STREET, SUITE 640 WALTHAM, MA 02453

(Principal office address)

800 SOUTH STREET, SUITE 640 WALTHAM, MA 02453

(Current mailing address)

8. E-COMMERCE PAYMENT PROCESSING

(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.*

By: [Signature]  
C T Corporation System

(Registered agent's signature)

Sierra Burns  
Vice President & Assistant 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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: MATTHEW T. VETTEL

Address: ONE LIBERTY SQUARE BOSTON, MA 02109

Vice Chairman: CHRISTOPHER M. BUSBY

Address: ONE LIBERTY SQUARE BOSTON, MA 02109

Director: NICHOLAS CAYER

Address: ONE LIBERTY SQUARE BOSTON, MA 02109

Director: RALPH A. DANGELMAIER, JR.

Address: 800 SOUTH STREET, SUITE 640 WALTHAM, MA 02453

B. OFFICERS

President: RALPH A. DANGELMAIER JR.

Address: 800 SOUTH STREET, SUITE 640 WALTHAM, MA 02453

Vice President: WILLIAM T. SOBO, JR.

Address: 800 SOUTH STREET, SUITE 640 WALTHAM, MA 02453

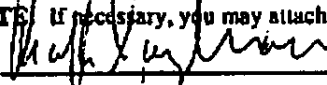
Secretary: WILLIAM T. SOBO, JR.

Address: 800 SOUTH STREET, SUITE 640 WALTHAM, MA 02453

Treasurer: WILLIAM T. SOBO, JR.

Address: 800 SOUTH STREET, SUITE 640 WALTHAM, MA 02453

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. RALPH A. DANGELMAIER, JR., CEO & PRESIDENT BLUESNAP, INC.

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

**State of California**  
**Secretary of State**  
**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**BLUESNAP, INC.**

**FILE NUMBER:** C2428061  
**FORMATION DATE:** 06/04/2002  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

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STATE  
FALLBROS STATE FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of January 24, 2014.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State

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