

F14000005443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

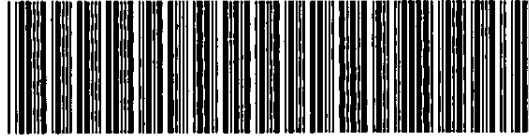
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DIVISION OF REVENUE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RUBICON PROJECT BELL, 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:

PETER LORRING

Name of Person

THE RUBICON PROJECT, INC.

Firm/Company

12181 W BLUFF CREEK DRIVE, 4TH FLOOR

Address

PLAYA VISTA, CA 90094

City/State and Zip code

PLORRING@RUBICONPROJECT.COM

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

For further information concerning this matter, please call:

PETER LORRING

Name of Person

at (310) 207-0272

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. RUBICON PROJECT BELL, 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. 61-1748829

(FEI number, if applicable)

4. 10/29/2014

(Date of incorporation)

5. PERPETUAL

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

6. 10/29/2014

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

7. 333 S. E. 2ND AVE., SUITE 2000, MIAMI, FL 33131

(Principal office address)

12181 W BLUFF CREEK DR, 4TH FL PLAYA VISTA, CA 90094

(Current mailing address)

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

Name: **NRAI SERVICES, INC**

Office Address: **1200 SOUTH PINE ISLAND ROAD**

PLANTATION

(City)

, Florida **33324**

(Zip code)

9. 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.

Michael Jones

Assistant Secretary

(Registered agent's signature)

10. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ADDENDUM

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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DIVISION OF OFFICIALS

B. OFFICERS

President: SEE ADDENDUM

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.

12. 
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.

13. NATALIE PECHACEK - VP, ASST. TREASURER, ASST. SECRETARY

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

**RUBICON PROJECT BELL, INC.
ADDENDUM TO QUESTION 11**

OFFICERS:

NAME AND TITLE

DAVID DAY
PRESIDENT AND TREASURER

BUSINESS ADDRESS

12181 W BLUFF CREEK DRIVE, 4TH FLOOR
PLAYA VISTA, CA 90094

NATALIE PECHACEK
VICE PRESIDENT, ASSISTANT TREASURER AND
ASSISTANT SECRETARY

12181 W BLUFF CREEK DRIVE, 4TH FLOOR
PLAYA VISTA, CA 90094

BRIAN COPPLE
VICE PRESIDENT AND SECRETARY

12181 W BLUFF CREEK DRIVE, 4TH FLOOR
PLAYA VISTA, CA 90094

JONATHAN FELDMAN
ASSISTANT SECRETARY

12181 W BLUFF CREEK DRIVE, 4TH FLOOR
PLAYA VISTA, CA 90094

DIRECTORS:

NAME AND TITLE

DAVID DAY
PRESIDENT AND TREASURER

BUSINESS ADDRESS

12181 W BLUFF CREEK DRIVE, 4TH FLOOR
PLAYA VISTA, CA 90094

NATALIE PECHACEK
VICE PRESIDENT, ASSISTANT TREASURER AND
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BRIAN COPPLE
VICE PRESIDENT AND SECRETARY

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PLAYA VISTA, CA 90094

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "RUBICON PROJECT BELL, INC.", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2014, AT 4:30 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.

5629351 8100

141344074

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1819355

DATE: 10-29-14