,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Division of Corporations Electronic Filing Cover Sheet	
	lease print this page and use it as a cover sheet. Type the i (shown below) on the top and bottom of all pages of the do	
	(((H15000080903 3)))	
Note: D	O NOT hit the REFRESH/RELOAD button on your browse Doing so will generate another cover sheet.	r from this pages
,	To: Division of Corporations Fax Number : (853)617-6381	ARASSEE F
	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368	
Enter t annu	the email address for this business entity to be used used report mailings. Enter only one email address	used for future s please.
	1 Address:	
AHH: LL AHH: LL Constant E. Forentia	FOREIGN PROFIT/NONPROFIT CORPORAT Ride Group, Inc.	ΓΙΟΝ
	Certificate of Status0Certified Copy0	
APR -	Page Count 07	

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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: Ride Group, 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:

		Name of Person Rije Group,	•		
· · · · · · · · · · · · · · · · · · ·		Firm/Company	10	<u> </u>	
. 3	v 9	Chirry Streat			
		Address			
		Philade Iphin, 1 City/State and Zip of	OA	19106	
		City/State and Zip of	ode		

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

For further information concerning this matter, please call:

	at	
Name of Person		Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Bullding 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:

ST0.00 Filing Fee

Certificate of Status

Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy

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		FILED
	ATION BY FOREIGN CORPORA BUSINES	15 APR - 1 AM 8: 13 TION FOR AUTHORIZATION TO TRANSA S IN FLORIDA SECRE TARY OF STATE TALLAWASSEE, FLORIDA STATUTES, THE FOLLOWING IS SUBALITED TO
IN COMPLIANC REGISTER A FO	E WITH SECTION 607. I 503, FLORIDA REIGN CORPORATION TO TRANSACT	STATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.
1. Ride Group, In	0.	
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORFORATION,"
time." Party A	wip, me, co, or corp. y	
(If name unavail	able in Florids, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida)
2. Delaware		3, 47-2623085
(Sinte or count	ry under the law of which it is incorporated)	(FBI number, if applicable)
4. 12/09/2014		5. Perpetual
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualifica	tion	
··	(Date first transacted business	in Florida, if prior to registration)
	(SEE SECTIONS 607.) 501 & 607.	1502, F.S., to determine penalty liability)
7. 309 Cherry Stree	1, Philadelphia, PA 19106	
•	(Principal office ad	dreis)
same		······
	(Current mailing ad	dress)
8. Name and stro	at address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)
Name:	CT Corporation System	
	1200 Broth Rive Televid Presid	
	1200 South Pine Island Road	
Office Address:		
Office Address:	Plantation	, Florida <u>33324</u>
Office Address:	Plantation (City)	, Florida <u>33324</u> (Zip code)

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 P V A By (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. Nom	es and business addresses of officers and/or directors:
A. DIRI	CTORS SEE ATTACHMENT
Chairman	
Address:	
-	
Vice Chai	man:
Address:	
-	
Director:	
Address:	
-	
Director:	
Address:	
President:	CBRS SEB ATTACHMENT Ann Fandozzi 309 Cherry Street
<u> </u>	Philadelphia, PA 19106
Vice Presic	lent:
Address: _	
-	* 5 ***
Secretary:	David Liebman
Address: <u>3</u>	09 Cherry Street, Philadelphia, PA 19106
Treasurer:	Jack Gallagher
Address: _	09 Cherry Street, Philadelphia, PA 19106
NOTE: II	Decessory, you may attach an addendum to the application listing additional officers and/or directors.
ire true an	Signature of Director or Officer r or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein d that he or she is aware that false information submitted in a document to the Department of State constitutes ree felony as provided for in a.817.155, F.S.
	David Liebman - Secretary
	(Typed or printed name and capacity of person signing application)

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Attachment to Florida Officers & Directors

1 Full Name: Officer/Director: Officer's Title: Director's Title: Business Address: City: State: ZIP Code: 2 Full Name: Officer/Director: Officer's Title: Director's Title: Business Address: City: State: ZIP Code: Full Name: 3 Officer/Director: Officer's Title: Director's Title: Business Address: City: State: ZIP Code: 4 Full Name: Officer/Director: Officer's Title: Director's Title: Business Address: City: State: ZIP Code:

5 Full Name:

Oscar Salazar Officer Vice President of Product and Technology 309 Cherry Street Philadelphia PA 19106 Shivsiday Dutt Officer Vice President of Sales 309 Cherry Street Philadelphia PA 19106 Ann Fandozzi Officer, Director President & Chief Executive Officer Director 309 Cherry Street Philadelphia PA 19106 **Ransom Langford** Director Director

309 Cherry Street Philadelphia PA 19106 William McGlashan

Officer/Director: Officer's Title: Director's Title: Business Address: City: State: ZIP Code: Full Name: б Officer/Director: Officer's Title: Director's Title: **Business Address:** City: State: ZIP Code: Full Name: 7 Officer/Director: Officer's Title: Director's Title: Business Address: City: State: ZIP Code: Full Name: 8 Officer/Director: Officer's Title: Director's Title: **Business Address:** City: State: ZIP Code:

Director

Director 309 Cherry Street Philadelphia PA 19106 R. Jeffrey Henning Director

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Director 309 Cherry Street Philadelphia PA 19106 Amy Guggenheim Shenkan Director

Director 309 Cherry Street Philadelphia PA 19106 Julie Roehm Director

Director 309 Cherry Street Philadelphia PA 19106

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Delaware PAGE

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIDE GROUP, 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 THIRTY-FIRST DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

5603176 8300

AUTHENTICATION: 2251076 DATE: 03-31-15

150442470 You may verify this certificate onl. at corp.doleware.gov/suthvor.shtml

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