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 : FCAG00000023 Phone : (850)205-8842 : (850)878-5368 Fax Number

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION GovDelivery, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
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Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. GOVDBLIVER			
(Enter name of c	corporation; must include "INCORPORATED corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"	
(If name unavail	able in Piorida, enter alternate corporate nam	a adopted for the purpose of transacting business in Florida)	
2. Minnesota	3		
(State or countr	y under the law of which it is incorporated)	(PB1 number, if applicable)	
4, 05/26/1999	<u> </u>	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. Upon Qualificat	ion		
	(Date first transacted business (SBB SBCTIONS 607.1501 & 607.	in Plotida, if prior to registration) 1502, F.S., to determine penalty liability)	
7, 408 Saint Peter S	treet, Suite 600, St Paul, MN 55102	<u></u>	
	(Principal office ad	dress)	
same			
	(Current mailing ad	dress)	
8. Name and stree	et address of Florida registered agent; (P.	.O. Box NOT acceptable)	TALL A
Name:	C T Corporation System		70
Office Address:	1200 South Pine Island Road		မ
	Plantation		*** **
	(City)	(Zip code)	(ii)
A 70-1-4		· · · · · · · · · · · · · · · · · · ·	
9. Registered age		vice of process for the above stated corporation at the pla	CD CD
designated in this further agree to co	application, I hereby accept the appoint outply with the provisions of all statates	iment as registered agent and agree to act in this capacity relative to the proper and complete performance of my	
duttes, and I am f	amiliar with and accept the obligations	of my position as registared agent.	
В	Y: Dudon Cuch	Jenifer Vincent Vice President & Assistant Secretary	
	(Registered agent's s	ignature)	
the Department of	confidente of existence duly authenticated State, by the Secretary of State or other of high it is incorporated.	i, not more than 90 days prior to delivery of this application official having custody of corporate records in the jurisdict	n to ion

11. Names and business addresses of officers and/or directors:
A. DIRECTORS SEBATTACHMENT
Chairman: SCOTT W. BULNS
Address: 408 SAIRLT PETER STRILL, SUITE 600
ST. PAUL, MN 55102
Vice Chairman:
Address:
Director: JOHN LOFTUS
Address: 555 LAST LANCASTER AUE, STE 640
RADNOR PA 19087
Director: DOUG ALLXANDER
Address: 555 EAST LANCASTER AVE STE 640
TRADNOR PA 19087
B. OFFICERS SEE ATTACHMENT
President: SCOTT M. BURNS
Address: 408 SAINT PLTER STREET, SUITE 600
ST PAUL; MN 55102 FE
Vice President:
Address:
And the second s
Secretary: SCOTT POWERS 500 -
Address 555 GAST LANCASTER AVE, STE LOHD FRADING PA
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 a.817.155, F.S.
13. SCOTT M. BURNS PRISITINT +CEO
(Typed or printed name and capacity of person signing application)

GovDelivery, Inc. List of Additional Officers and/or Directors

DIRECTOR:

Vince Menichelli

ADDRESS:

555 East Lancaster Ave, Ste 640, Radnor, PA 19087

OFFICER:

Becky Dulac

ADDRESS:

408 Saint Peter Street, Suite 600, St Paul, MN 55102

OFFICER:

Bob Ainsbury

ADDRESS:

408 Saint Peter Street, Suite 600, St Paul, MN 55102

OFFICER:

Stave Ressier

ADDRESS:

408 Saint Peter Street, Suite 600, St Paul, MN 55102

OFFICER:

Dave Worsell

ADDRESS:

408 Saint Peter Street, Suite 600, St Paul, MN 55102

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

GovDelivery, Inc.

Date Filed:

05/26/1999

File Number:

10R-784

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

04/02/2015

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Oteve Pinnon Steve Simon

Secretary of State State of Minnesota 15 APR -3 AM 1: 08 S阿克克丁 - 3 AM