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COVER LETTER &

TO:	Registration Section					
	Division of Corporations RIFT.io, Inc.					
SUBJ	JECT:					
	Name	e of corporati	on - mus	t include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign (ficate of Existence," or "Certifica referenced foreign corporation to	te of Good St	tanding"	and check are sub		
Please Scott I	e return all correspondence concer Bryce	ming this mat	ter to the	e following:		
RIFT.i	io, Inc.	Name o	of Person			
77 Soi	uth Bedford St., Suite 450	Firm/Co	ompany			
Burlin	gton, MA 01803	Ad	dress			
scott.b	oryce@riftio.com	City/State	and Zip	code		
	E-mail addre	ss: (to be use	d for fut	ure annual report	notification)	
For fu	rther information concerning this	matter, pleas	e call:			
Scott l	Bryce	800	800 914-7438			
	Name of Person	at (Area C) ode	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclo	sed is a check for the following ar	nount:				
s \$7	0.00 Filing Fee	ing Fee & e of Status		.75 Filing Fee & ified 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. RIFT.io, 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) 46-3562296 (FEI number, if applicable) (State or country under the law of which it is incorporated) August 13, 2013 (Date of incorporation) (Date of duration, if other than perpetual) August 10, 2015 б. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 77 South Bedford St., Suite 450, Burlington, MA 01803 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 S Pine Island Rd., #250 Office Address: 33324 Plantation Florida (City) (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. (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.

A. DIRECTORS Greg Alden Chairman: 77 South Bedford St., Suite 450, Burlington, MA 01803 Address: Tim Mortsolf Vice Chairman: 77 South Bedford St., Suite 450, Burlington, MA 01803 Edward Anderson Director: 77 South Bedford St., Suite 450, Burlington, MA 01803 Address: Tim Danford Director: 77 South Bedford St., Suite 450, Burlington, MA 01803 Address: **B. OFFICERS** Greg Alden President: 77 South Bedford St., Suite 450, Burlington, MA 01803 Address: Scott Bryce 77 South Bedford St., Suite 450, Burlington, MA 01803 Address: _ Scott Bryce Secretary: 77 South Bedford St., Suite 450, Burlington, MA 01803 Address: _ Scott Bryce Treasurer: 77 South Bedford St., Suite 450, Burlington, MA 01803 Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Scott Bryce 13. ____ (Typed or printed name and capacity of person signing application)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIFT.IO 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 TWENTY-SEVENTH DAY OF JULY, A.D. 2015.

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

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

5382637 8300

151096775

jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 2591194

DATE: 07-27-15

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