F16000001668

Office Use Only



900284212219

04/08/16--01015--015 **70.00

FILEU
2016 APR -8 P 5: 5b
SECRETARY OF STATE

APR 1 1 2016

8 MASON

COVER LETTER

_	stration Sectionsion of Corpor						
SUBJECT:	AvidXchange	e, Inc.					
SCHOLECT.		Name o	of corporation	- must i	nclude suffix		
Dear Sir or M	Madam:						
"Certificate	of Existence,"		of Good Star	nding" ar	nd check are sub	ct Business in Florida," emitted to register the	
Please return	all correspon	dence concerni	ng this matte	r to the f	ollowing:		
			Name of	Person			
AvidXchange	e, Inc.	•					
			Firm/Con	pany			
1111. Metrop	olitan Avenue,	Suite 650					
			Addr	ess			
Charlotte, NC	28204						
			City/State a	nd Zip c	ode		
thilton@avid	xchange.com						
		E-mail address	: (to be used	for futur	e annual report	notification)	
For further in	nformation co	ncerning this m	atter, please	call:			
Tim Hilton			980	498-	1866		
Nan	ne of Person		Area Cod	<i>)</i>	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is	a check for the	following amo	ount:				
■ \$70.00 F	iling Fee C	\$78.75 Filing Certificate of	~		5 Filing Fee & ied 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.

AvidXchange, I	Inc.					
(Enter name of c	corporation; must include "INCORPORATED,' Corp." "Inc," "Co," or "Corp.")	' "COMPANY," "CORPORATIO	ON,"			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ting business in Florida)			
Delaware 2.	2					
(State or count)	ry under the law of which it is incorporated)	(FEI number, if	applicable)			
April 12, 2000		N/A				
(Date N/A	5. e of incorporation)	(Date of duration, if other than perpetual)				
	(SEE SECTIONS 607.1501 & 607.15 an Drive, Suite 650, Charlotte, NC 28204 (Princip	502, F.S., to determine penalty liab	ility)			
	(Current mailin	ng address, if different)	~*			
Name:	et address of Florida registered agent: (P.C. Corporation Service Company 1201 Hays Street	D. Box <u>NOT acceptable)</u>	TARY OF THE STATE			
Office Address:	Tallahassee	32301	T ST.			
	(City)	, Florida(Zip code)	b: 5b; STATE			
9. Registered ag	ent's acceptance:		<u>ም</u>			

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.

Stephanie L. Durham
Asst Vice President
(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.

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

	1111 Metropolitan Drive, Suite 650, Charlotte, NC 28204			
Address:	1111 Well-opolitail Diffe, Suite 650, Charlotte, 140 20204	. =		
<i>r</i> :	See Addendum			
vice Cha	rman:			
Address:		- · · · · ·		
Director:	See Addendum			
Address:				
Director:	See Addendum			
Address:				
B. OFF	ICERS	1:2	2916	
President	Mike Praeger	<u> </u>	• • • • •	- 1
	1111 Metropolitan Drive, Suite 650, Charlotte, NC 28204	를 다 기계	Ph .	1 227-228-228-2 C 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		A S		П
u' D.	See Addendum	- LOR	φ.	O
	ident:		5	
Address:				
Secretary	See Addendum			
Address:				
Treasurei	See Addendum		•	
		1 00	1/	1'
	If necessary, you may attach an addendum to the application listing additional Addendum	onal officers a	na/or (irectors.
12				
The offi	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above	e) affirms that	the fac	cts stated herei
are true	and that he or she is aware that false information submitted in a document t	o the Departm	ent of	State constitut
	egree felony as provided for in s.817.155, F.S. s Agre, Chief Legal Officer	ller		

AvidXchange, Inc.

Secretary of State Application for Certificate of Authority

Board of Directors of AvidXchange, Inc.

- 1. Michael Praeger (Chairman)
- 2. Brad Feld
- 3. Matt Harris
- 4. Jim Hausman
- 5. Steve McLaughlin
- 6. Hans Morris
- 7. Nigel Morris

Officers:

- 1. Michael Praeger, Chief Executive Officer
- 2. Karen Bertau, Chief Financial Officer
- 3. Ross Agre, Chief Legal and Risk Officer, Secretary

Address: 1111 Metropolitan Avenue, Suite 650, Charlotte NC 28204

2015 IPR -8 P & SE

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AVIDXCHANGE, 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 SEVENTEENTH DAY OF MARCH, A.D. 2016.

3211684 8300

SR# 20161700962

Authentication: 202000902

Date: 03-17-16