

F16000002070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

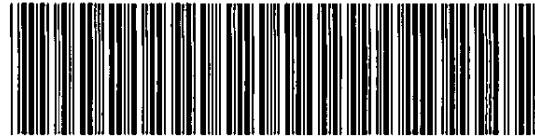
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
16 MAY -5 AM 8:01  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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16 MAY -5 PM 1:11  
NOT INTENDED  
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MAY 06 2016

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CT

May 5, 2016

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9992493 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

Intermedia.net, Inc. (DE)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

**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. Intermedia.net, 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 3. 41-1816682  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/8/2008 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 825 E. Middlefield Road, Mountain View, CA 94043  
(Principal office address)

(Current mailing address, if different)

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

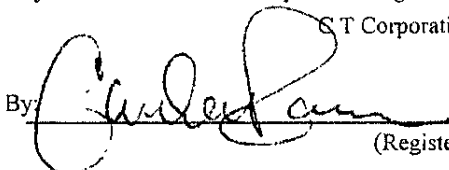
Name: C T Corporation System

Office Address: 1200 South Pine Island Road  
Plantation, FL 33324, Florida \_\_\_\_\_  
(City) (Zip code)

FILED  
16 MAY -5 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

By:  C T Corporation System  
(Registered agent's signature)

**Cardell Rankin**  
**Assistant Secretary**

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:

**A. DIRECTORS**

Chairman: Philip Koen

Address: 825 E. Middlefield Road, Mountain View, California 94043

Vice Chairman:

Address:

Director: Scott Allen

Address: 825 E. Middlefield Road, Mountain View, California 94043

Director: Michael Gold

Address: 825 E. Middlefield Road, Mountain View, California 94043

**B. OFFICERS**

President: Michael Gold

Address: 825 E. Middlefield Road, Mountain View, California 94043

Vice President:

Address:

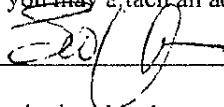
Secretary: Scott Allen

Address: 825 E. Middlefield Road, Mountain View, California 94043

Treasurer: Scott Allen

Address: 825 E. Middlefield Road, Mountain View, California 94043

**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 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.

13. Scott Allen, Secretary

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

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16 MAY -5 AM 9:01  
TALLAHASSEE FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERMEDIA.NET, 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 FOURTH DAY OF MAY, A.D. 2016.

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.



4466208 8300

SR# 20162835528

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202260885

Date: 05-04-16