(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies · Certificates of Status	s
Special Instructions to Filing Officer:	

Office Use Only



600291586846

16 MOV -2 AM 8: 33

WY OA ZUN RIE

CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Taliahassee, FL 32312 850-656-4724 ... 850-508-1891 (cell)

		Date: 11-3	3-16
	ACC	T. 120160000072	1) Man
Name:	LEX	MACHINA	F THE
Document #:	10238	3598	
Order #:			
Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			·
Apostille/Notarial		Country of Destination	:
Certification:		Number of Certs:	
r::	Contiffed		\neg
Filing:	Certified:		a De la
	Plain:		
<u> </u>	COGS:		
Availability Document	Amount: \$	(050.00	7 penalties
Examiner			penalties qualification /
Updater		+ 70.00	qualificate —
Verifier W.P. Verifier			
Ref#			
			1 2 1/2
		Thank you!	Dinse hong
			Place honor

COVER LETTER

TO:		tration Se ion of Co	ection rporations				
SUBJ	ECT:	Lex Mac					
			Name	of corporat	ion - mus	t include suffix	
Dear S	ir or M	adam:					
"Certif	icate o	l'Existenc		e of Goud S	itanding"	and check are sub	ct Business in Florida," mitted to register the
Please	return	all corres	pondence concerr	ning this ma	tter to the	following:	
				Name	of Person	<u> </u>	
				Firm/C	ompany		
				Ad	dress	and the second s	
				City/Stat	e and Zip	code	
renee,si	monton	@relx.cor		s: (to be use	d for futi	ire annual report n	otification)
For fur	ther inf	Connation	concerning this r	,		,	,
				at (1		
	Name	of Perso	n	at (ode	Daytime Teleph	none Number
	Regist Divisi Clifto 2661	tration Se on of Cor n Buildin	rporations g : Center Circle	SS:		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection rporations
Enclose	ed is a	check for	the following am	ount:			
♬ \$70	.00 Fili	ing Fee	□ \$78.75 Filir Certificate	•	\$78. Certi	75 Filing Fee & ified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2016

CT

SUBJECT: LEX MACHINA, INC. Ref. Number: W16000074509

16 NOV -2 AH 8: 37

We have received your document for LEX MACHINA, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 516A00023637

15 NOV -3 AH 11:41

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. Lex Machina, I			
	torporation: must include "INCORPORA" [orp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"	
			
(II name unavail	able in Florida, enter alternate corporate n	name adopted for the purpose of transacting business in Flo	orida)
. Delaware		3. 264550177 (FEI number, if applicable)	
(State or countr	y under the law of which it is incorporated	d) (FEI number, if applicable)	
04/26/2013		5. Perpetual	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	9/25/15		
		ness in Florida, if prior to registration) 507.1502, F.S., to determine penalty liability)	
230 Park Ave, Se	venth Floor, New York, NY 10169		
	(Pi	rincipal office address)	
1105 North Mark	tet St., Suite 501, Wilmington, DE 19801		
	(Current r	mailing address, if different)	
. Name and stree	et address of Florida registered agent:	(P.O. Box NOT acceptable)	5
Name:	C T Corporation System		35
NGC A 3 J	1200 Court Ding Island Dand		
ffice Address:	1200 South Pinc Island Road		$\dot{\sim}$
	Plantation	, Florida <u>33324</u>	A
	(City)	(Zip code)	ċċ
. Registered age	ent's acceptance:		دىيە
laving been nam	ed as registered agent and to accept.	service of process for the above stated corporation	at the pl
		ointment as registered agent and agree to act in thi utes relative to the proper and complete performanc	
		ons of my position as registered agent.	e oj my
•	C T Corporation System	, , , , , , , , , , , , , , , , , , ,	
	1)		
, 	By: Kathyn A Wholelo		
	(Registo	ered 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

FL019 - (PM)9/2015 C 1 Eding Manager Online

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: SEE ATTACHMENT Address: Vice Chairman: Address: Director: Director: **B. OFFICERS** President: SEE ATTACHMENT Vice President: Address: __ Secretary: _ Address: Treasurer: __ 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. 13. Rence Simonton, Vice President

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

Director and Officers Report - Work Address Lex Machina, Inc.

Company Name	n d Afrikkens seillen 14-delyen temiliseld i inn die 14 inn - seint en symme ted	
1 Lex Machina, Inc.		
Appointments		
Name	Appointed as	Work address
Kenneth Eugene Fogarty	Director	313 Washington Street, Suite 400, Newton, MA, 02458, US
Julie Ann Goldweitz	Director	230 Park Avenue, 7th Floor, New York NY 10169, United States
Kenneth Robert Thompson, II	Director	9443 Springboro Pike, Miamisburg OH 45342, United States
Michael Francis Walsh	Director	230 Park Avenue, 7th Floor, New York NY 10169, United States
Michael Francis Walsh	President	230 Park Avenue, 7th Floor, New York NY 10169, United States
Renee Simonton	Vice President	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States
Peter Francis Dangoia	Vice President- Tax	313 Washington Street, Suite 400, Newton, MA, 02458, US
Ian Paul McDougall	Secretary	230 Park Avenue, 7th Floor, New York NY 10169, United States
Kenneth Eugene Fogarty	Treasurer	313 Washington Street, Suite 400, Newton, MA, 02458, US
Renee Simonton	Assistant Secretary	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States
Peter Francis Dangoia	Assistant Treasurer	313 Washington Street, Suite 400, Newton, MA, 02458, US
Michele Lee DeMarco	Assistant Treasurer	313 Washington Street, Suite 400, Newton, MA, 02458, US
Lynn Marie Formica	Assistant Treasurer	313 Washington Street, Suite 400, Newton, MA, 02458, US
Mary Ann Horgan	Assistant Treasurer	313 Washington Street, Suite 400, Newton, MA, 02458, US
Anita Wong	Assistant Treasurer	313 Washington Street, Suite 400, Newton, MA, 02458, US

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LEX MACHINA, 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 OCTOBER, 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.

Authentication: 203253813

Date: 10-31-16

5325281 8300 SR# 20166429119