F17000003035

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

Office Use Only



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2017 JUL -7 AM 8: 58 SECRETARY OF STATE TALLAHASSIE FLORIDA

17 JUL -7 PH 4: 2

M. J. HARRIS

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

1/42

ACCOUNT NO. : 12000000195						
REFERENCE 714038 8120477						
AUTHORIZATION Spullalenson						
COST LIMIT : \$ 70.00						
ORDER DATE : July 7, 2017						
ORDER TIME : 12:37 PM						
ORDER NO. : 714038-005						
CUSTOMER NO: 8120477						
FOREIGN FILINGS						
NAME: RIDE ROUNDTRIP, INC.						
XXXX QUALIFICATION (TYPE: CO)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Ride RoundT						
SUDJ	ECI:	Name of co	rporation	- must include suffix			
Dear S	ir or Madam:						
"Certif	iclosed "Application ficate of Existence," or referenced foreign co	or "Certificate of C	iood Stan	ding" and check are su	act Business in Florida," bmitted to register the		
	return all correspond	ence concerning th	nis matter	to the following:			
]	Name of I	Person			
Ride R	oundTrip, Inc.						
3 Willi	ngs Alley Mews	F	irm/Com	oany			
Philade	elphia, PA 19106		Addre	SS			
adamia	no@rideroundtrip.com	Cit	y/State an	d Zip code			
	F	E-mail address: (to	be used for	or future annual report	notification)		
For fur	ther information con	cerning this matter	, please ca	all:			
Angela Damiano			571	295-6219	295-6219		
Name of Person			rea Code	Daytime Telep	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
		\$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified 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. Ride RoundTrip, 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) Delaware 46-4696719 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of incorporation) 7/5/2017 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3 Willings Alley Mews, Philadelphia, PA 19106 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 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. Melissa Zender Corporation Service Company Asst. Vice President

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 Mark Switaj Chairman: 3 Willings Alley Mews Address: Philadelphia, PA 19106 Vice Chairman: Address: __ Address: Director: _ Address: **B. OFFICERS** Mark Switaj President: 3 Willings Alley Mews Address: Philadelphia, PA 19106 Vice President: ö Mark Switaj Secretary: same as above Address: Mark Switaj Treasurer: same as above 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. Mark Switzj, President/CEO

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

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "RIDE ROUNDTRIP, 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 SEVENTH DAY OF JULY, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIDE ROUNDTRIP,

INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D.

2014.

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

Authentication: 202842952

Date: 07-07-17