Aecoosii

| (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: | | | | |
| file 2nd | | | | |
| | | | | |

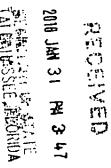
Office Use Only



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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 1-31-18 | **WALK IN** |
|--|---------------------------------|
| ENTITY NAME SHIPT, INC. | |
| DOCUMENT NUMBER | |
| **PLEASE FILE THE ATTACHED | AND RETURN** |
| Plain Copy Certified Copy Certificate of Status | File 2nd after Withdrawae |
| **PLEASE OBTAIN THE FOLLOWING FO | OR THE ABOVE ENTITY** |
| Certified Copy of Arts & Amendments Certificate of Good Standing | 2018 - TALL |
| **APOSTILLE' / NOTARIAL C | PERTIFICATION** |
| COUNTRY OF DESTINATION | |
| TOTAL OWED 78.75 CH | еск # 4486 |
| Please call Tina at the above number for any issues of | or concerns. Thank you so much! |

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|------------------|------------|--|---|-----|
| Shipt, Inc | | | | | |
| SUBJECT: Name | of corporation | - must | nclude suffix | | _ |
| Dear Sir or Madam: | | | | | |
| The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to | e of Good Star | nding" a | id check are submi | | |
| Please return all correspondence concert Andrew Skelton | ning this matter | r to the f | ollowing: | | |
| Shipt, Inc | Name of | Person | | | |
| 17 N 20th Street Suite 100 | Firm/Con | npany | | **** | - |
| Birmingham, Al 35203 | Addre | ess | | | _ |
| skelton@shipt.com | City/State a | nd Zip c | ode | | - |
| E-mail addres | s: (to be used | for futur | annual report not | ification) | - |
| For further information concerning this (| natter, please c | rall: | | | |
| Andrew Skelton | 205 | 502-1 | 2500 | 2018 | ~~~ |
| Name of Person | at (Area Cod | e | Daytime Telepho | ne Number 3 | |
| STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1. 32301 | SS: | | MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL | tion of orations orations | |
| Enclosed is a check for the following am | ount: | | | | |
| □ \$70.00 Filing Fee □ \$78.75 Filir Certificate | | | Filing Fee & ed Copy | \$87.50 Filing Fee, Certificate of Statu Certified Copy | s & |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| · | | |
|--|--|---|
| (Enter name of | corporation; must include "INCORPORATED," "CC Corp." "Inc." "Co." or "Corp.") | OMPANY," "CORPORATION," |
| (If name mayai | Johla in Elorida, anno altumata | ed for the purpose of transacting business in Florida) |
| D () () () () | 47-1 | 11/14 (|
| | | (PBI number, if applicable) |
| (Date 06/23/2017 | c of incorporation) | (Date of duration, if other than perpetual) |
| · | (Dura Court of the | |
| | (Date first transacted business in Flori (SEE SECTIONS 607.1501 & 607.1502, F Suite 100 Birmingham, Al 35203 | ida, if prior to registration) (.S., to determine penalty liability) |
| ' _ | (Principal off | ice address) |
| | | |
| | | |
| | (Current mailing add | |
| Name and stree | (Current mailing add et <u>address</u> of Florida registered agent: (P.O. Bo: NRAI Services, Inc | ress, if different) |
| Name and <u>stree</u> Name: | et address of Florida registered agent: (P.O. Bo: NRAI Services, Inc | ress, if different) |
| Name: | et address of Florida registered agent: (P.O. Bo: NRAI Services, Inc | liess, if different) |
| Name: | et address of Florida registered agent: (P.O. Bor NRAI Services, Inc 1200 South Pine Island Road Plantation | x NOT acceptable) |
| Name: | et address of Florida registered agent: (P.O. Bor NRAI Services, Inc 1200 South Pine Island Road Plantation | x NOT acceptable) |
| Name: | et address of Florida registered agent: (P.O. Bo: NRAI Services, Inc 1200 South Pine Island Road Plantation (City) | x NOT acceptable) |
| Name: ffice Address: Registered againg been nam | et address of Florida registered agent: (P.O. Bo: NRAI Services, Inc 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service of | NOT acceptable) |
| Name: office Address: Registered age aving been namesignated in this orther agree to co | et address of Florida registered agent: (P.O. Bo: NRAI Services, Inc 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment accepts with the provisions of all statutes relative | NOT acceptable) 33324 Florida (Zip code) process for the above stated corporation at the place is registered agent and agree to act in this capacity |
| Name: office Address: Registered ago aving been namesignated in this rther agree to co | et address of Florida registered agent: (P.O. Bo: NRAI Services, Inc 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment acceptly with the provisions of all statutes relative amiliar with and accept the obligations of my page 1. | NOT acceptable) 33324 Florida (Zip code) process for the above stated corporation at the place is registered agent and agree to act in this capacity to the proper and complete performance of my position as registered agent. |
| Name: ffice Address: Registered age aving been names ignated in this rther agree to co | et address of Florida registered agent: (P.O. Bo: NRAI Services, Inc 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment acceptly with the provisions of all statutes relative amiliar with and accept the obligations of my page 1. | NOT acceptable) 33324 Florida (Zip code) process for the above stated corporation at the place as registered agent and agree to act in this capacity to the proper and complete performance of my position as registered agent. |

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.

| 111. Names and business addresses of officers and/or directors: | |
|--|---|
| A. DIRECTORS | |
| Chairman: | |
| Address: | |
| | |
| Vice Chairman: | |
| Address | |
| | |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address, | |
| | |
| B. OFFICERS | |
| Bill Smith President: 17 N 20th Street Suite 100 | |
| Address: | |
| Address: Birmingham, Al 35203 | |
| Noreen Bergin | |
| Vice President: 22 4th Street 10th Floor | |
| Address: San Francisco, Ca 94105 | 77 / 20 |
| | 77 |
| Secretary: | - 1 |
| Address: | |
| Treasurer: | Es: 0 |
| Address: | 22 a |
| NOTE: If necessary, you may attach an addendum to the application Noreen Bergin | listing additional officers and/or directors. |
| Signature of Director or O | |
| re true and that he or she is aware that false information submitted in third degree felony as provided for in s.817.155, F.S. Noreen Bergin, CFO | 1 |
| 3 | |
| (Typed or printed name and capacity of person | n 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 "SHIPT, 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-THIRD DAY OF JANUARY, A.D. 2018.

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

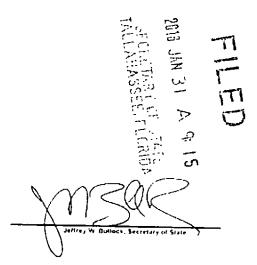
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHIPT, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2016.

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

6077144 8300

SR# 20180424625

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



Authentication: 202016657

Date: 01-23-18