Division of Corporations Electronic Filing Cover Sheet

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| Tc:   |                  |  | 7.7   |
|-------|------------------|--|-------|
|       | Division of Co   |  |       |
|       | Fax Number       | : (858)617-6383  |       |
| From: |                  |  |       |
|       |                  | : LEGALZOOM.COM INC.   |       |
|       |                  | : 120010000062   |       |
|       | Phone            | : (323)962-8600  | ,     |
|       | Fax Number       | : (323)962-3889  |       |
| ann   | ual report maili | is for this business entity to be used for futu-<br>ings. Enter only one email address please.** | re cr |
| Ema   | il Address:      |  |       |
| ]     | OREIGN PR        | OFIT/NONPROFIT CORPORATION   |       |
|       |                  |  |       |
|       |                  | CIRCULATION, INC.  |       |

18 SEP 27 AN 3:31

| Certificate of Status | 0       |
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| Certified Copy        | 1       |
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| Estimated Charge      | \$78.75 |

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## **FAX COVER SHEET**

| TO         |                           |          |
|------------|---------------------------|----------|
| COMPANY    |                           |          |
| FAX NUMBER | 18506176383               |          |
| FROM       | Lee Ann Rivera            |          |
| DATE       | 2018-09-27 12:23:14 PDT   | <u> </u> |
| RE         | CIRCULATION,INC 528078739 |          |

## **COVER MESSAGE**

This email and any attachments to it may be confidential. If this email was cent to you in error, please notify me immediately by replying to this email, and please do not use, distribute, rotain, print, or copy the email or any of its attachments. LegitiZoom is not a law firm and provides self-help services at your specific direction. LegatiZoom is located at 9900 Spectrum Drive, Austin, TX 78717.

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## TRANSMITTAL LETTER

| TO: Registration Sec<br>Division of Corp  |  |  |  |
|---|--|--|--|
| SUBJECT: CIRCULA  | ATION, INC.  |  |  |
|   | (Name of corpora   | tion - must include suffix)  |  |
| Dear Sir or Madam:  |  |  |  |
| The enclosed "Applicari<br>"Certificate of Existence<br>transact business in Flor   | on by Foreign Corporation f<br>; and check are submitted t<br>ida. | or Authorization to Transact<br>o register the above reference                   | t Business in Florida,"<br>ced foreign corporation to              |
| Please return all corresp   | ondence concerning this mat  | iter to the following:   |  |
| Cheyenne Moseley  |  |  |  |
|   | (Name  | e of Person)   |  |
| Legalzoom.com, Inc.   |  |  | <u> </u>   |
|   | (Firm/   | Company)   | •  |
| 101 N. Brand Blvd 11th  | Floor  |  |  |
|   | (A   | ddress)  |  |
| Glendale, CA 91203  |  |  |  |
|   | (City/Sta  | ite and Zip code)  |  |
| For further information   | concerning this matter, please                                     | se call:   | පෙ   |
| Chausana Massiou  | at ( <u>800</u>  | 773-0888ext9724  |  |
| Cheyenne Moseley (Name of Pers  |  | ea Code & Daytime Telepho  | one Number)  |
| (traine of reto   | VII)   |  |  |
| STREET ADE<br>Registration So<br>Division of Co<br>409 E. Gaines<br>Tallahassee, FI | ection<br>rporations<br>St.  | MAILING AI<br>Registration S<br>Division of Co<br>P.O. Box 632<br>Tallahassee, F | ection<br>orporations<br>7   |
| Enclosed is a check for   | the following amount:  |  |  |
| □ \$70.00 Filing Fee  | ☐ \$78.75 Filing Fee & Certificate of Status                       | ✓ S78.75 Filing Fee & Certified Copy   | © \$87.50 Filing Fee.<br>Certificate of Status &<br>Certified Copy |

To:

## 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.

| If name unavails               | ble in Florida, enter alternate corporate name ad   | opted for the purpose of transacting busi   | ness in Florida) |
|--------------------------------|---|---|------------------|
| Delaward                       | 3. 6  | 1-1780747                                   |                  |
| (State or countr<br>01/19/2016 | •   | (FEI number, if applicab                    |                  |
| (Date                          | of incorporation)   | (Date of duration, if other than p          | perpetual)       |
|                                | t, 3rd Floor, Boston, MA 02110 (Principal   | office address)                             |                  |
|                                |   | address, if different)                      |                  |
| -                              | (Current mailing  | address, if different)                      |                  |
| Name and <u>stre</u><br>Name:  | (Current mailing et address of Florida registered agent: (P.O.  | address, if different)                      |                  |
| Name and <u>stre</u><br>Name:  | (Current mailing et address of Florida registered agent: (P.O. United States Corporation Agents, Inc. | address, if different)  Box NOT acceptable) |                  |
| Name and stree                 | (Current mailing et address of Florida registered agent: (P.O. United States Corporation Agents, Inc. | address, if different)  Box NOT acceptable) | ęc.              |

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: \_\_\_ Vice Chairman: Address: Robin Heffernan Director: 93 Summer Street, 3rd Floor Address: Boston, MA 02110 Director: **B. OFFICERS** Robin Heffernan President: 93 Summer Street, 3rd Floor Address: Boston, MA 02110 Vice President: E) Kelly Wahlberg Secretary: 93 Summer Street, 3rd Floor, Boston, MA 02110 Address: \_ Robin Heffernan Treasurer: 93 Summer Street, 3rd Floor, Boston, MA 02110 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

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.

Robin Heffeman, President

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



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIRCULATION, 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 SEPTEMBER, 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 "CIRCULATION, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF JANUARY, A.D. 2016.

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

5941000 8300 SR# 20186542314

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

Authentication: 203378107

Date: 09-07-18