

F19000005602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

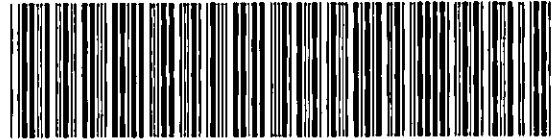
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DEC 19 2019

Incorporating Services, Ltd.

3500 S DuPont Highway
Dover, DE 19901
302.531.0855
Fax: 302.531.3150
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 12/18/2019

PRIORITY Regular Approval

OUR REF # (Order ID#) 795680

ORDER ENTITY

STUBHUB INSURANCE SERVICES, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

STUBHUB INSURANCE SERVICES, INC. (MA)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: dabernathy@orrick.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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.*

StubHub Insurance Services, Inc.

1. _____
(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

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

12/11/2019

4. _____ 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

Upon Registration

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

173 S Election Rd, Draper, UT 84020

7. _____
(Principal office address)

199 Fremont St, San Francisco, CA 94105

(Current mailing address, if different)

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

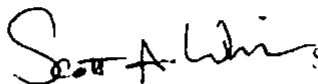
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.



Scott White, Assistant Secretary

(Registered 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 under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

SEE SCHEDULE 1 ATTACHED HERETO

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE SCHEDULE 1 ATTACHED HERETO

President: _____

Address: _____

Vice President: _____

Address: _____

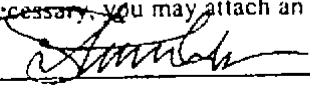
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Stephanie Burns, Secretary _____

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

Schedule 1

StubHub Insurance Services, Inc.

Officers and Directors

OFFICERS

President – Greg Mrva - 199 Fremont St, San Francisco. CA 94105

Secretary – Stephanie Burns - 199 Fremont St. San Francisco. CA 94105

Treasurer – Kyle Johnson - 199 Fremont St. San Francisco. CA 94105

Assistant Secretary - Jocelyn Hall - 173 S Election Rd. Draper. UT 84020

DIRECTORS

Greg Mrva - 199 Fremont St, San Francisco. CA 94105

Stephanie Burns - 199 Fremont St. San Francisco, CA 94105

Kyle Johnson - 199 Fremont St. San Francisco. CA 94105

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STUBHUB INSURANCE SERVICES, 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 TWELFTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STUBHUB INSURANCE SERVICES, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2019.

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

12-12-19
12-12-19
12-12-19




Jeffrey W. Bullock, Secretary of State

7746835 8300

SR# 20198590748

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

Authentication: 204197976

Date: 12-12-19