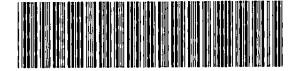
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(Requestor's Name)
(Nequesions Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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021 JUN 21 PM 4: 52

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 547774 8325209

AUTHORIZATION :

COST LIMIT : \$ 76 \0,0

ORDER DATE: December 10, 2020

ORDER TIME : 8:17 AM

ORDER NO. : 547774-375

CUSTOMER NO: 8325209

FOREIGN FILINGS

NAME: GITLAB INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61592

EXAMINER:

COVER LETTER

TO:	Division of Corporations				
SUBJ	ECT·	Gitlab Inc.			
5015	2011	Name of c	orporation -	· must include suffix	
Dear S	ir or M	adam:			
"Certif	ficate o		Good Stand	authorization to Transact Business in ing" and check are submitted to regists in Florida.	
Please	return .	all correspondence concerning	this matter t	to the following:	
			Name of P	erson	
		<u> </u>	Firm/Comp	pany	
			Addres	ss	
		C	ity/State and	d Zip code	
-		E-mail address: (to	o be used fo	r future annual report notification)	
For fur	ther inf	formation concerning this matte	er, please ca	II:	
	Name	at (Area Code	Daytime Telephone Number	
	STRE Regis Divisi The C	CET/COURIER ADDRESS: tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	nake ch	check for the following amount eck payable to: FLORIDA DEPA ng Fee	RTMENT (ee &	\$78.75 Filing Fee & 🔲 \$87.50 I	ate of Status &

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.

	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)		
2. Delaware 3. 47-1861035				
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
	of incorporation) 5	(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
·				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502)			
268 Bush Street #	305, San Francisco, CA 94104			
·	(Principal office	street address)		
	_			
	(Current mailing a	ddress, if different)		
Name and stree	et address of Florida registered agent: (P.O. B	toy NOT acceptable)		
	Corporation Service Company	AN MOTALECE PHANE		
Name:		- 2		
ffice Address:	1201 Hays Street			
	Tallahassee	, Florida 32301		
	(City)	(Zip code)		

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.

(Registered agent's signature)

DocuSign Envelope ID: AECEB3BA-FE77-447D-B48A-DE1F21F26704

A. DIRECTORS	ECC. 555A 1 2 1 7447 5 5467 5 2 1 7 2 11 25 10 4					
□Chairman	Name:	□Chairman	Name: Brian Robins			
□Vice Chairman	Address: 268 Bush St. #305	□Vice Chairman	Address: 268 Bush St. #305			
Director	San Francisco, CA 94104	□Director	San Francisco, CA 94104			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□ Secretary	□Treasurer			
Chief Execu	nive Officer Other	Chief Finan Chief Finan	cial OfficerOther			
⊡Chairman	Name: Robin Schulman	□Chairman	Name:			
	268 Bush St, #305	□Vice Chairman	268 Bush St. #305			
□ Director	San Francisco, CA 94104	Director	San Francisco, CA 94104			
□President		□President				
□Vice President		□Vice President				
■ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Chief Leg	al Officer Other	Other				
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	268 Bush St, #305	□ Vice Chairman	Address: 268 Bush St, #305			
■Director	San Francisco, CA 94104	Director	San Francisco, CA 94104			
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	(Other	□Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
12. Signature of Director or Officer						
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.						

A. Directors continued:

Sue Bostrom	Director	268 Bush St, #305 San Francisco, CA 94104
Karen Blasing	Director	268 Bush St, #305 San Francisco, CA 94104
Godfrey Sullivan	Director	268 Bush St, #305 San Francisco, CA 94104
Merline Saintil	Director	268 Bush St, #305 San Francisco, CA 94104

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GITLAB 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 EIGHTEENTH DAY OF JUNE, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GITLAB INC." WAS INCORPORATED ON THE TENTH DAY OF SEPTEMBER, A.D. 2014.

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

Authentication: 203483164

Date: 06-18-21

5601279 8300 SR# 20212491868