< 2200001961</p>

| (Req | uestor's Name) | | | |
|---|------------------|-------------|--|--|
| (Address) | | | | |
| (Add | ress) | | | |
| (City, | /State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bus | iness Entity Nai | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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2022 APR - 1 AM 11: 26

2022 APR -1 PH 12:

S. FRANKLIN APR 0 4 2022 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 585075 8079805

AUTHORIZATION

COST LIMIT : \$\forall 0.00

ORDER DATE: March 31, 2022

ORDER TIME : 9:13 AM

ORDER NO. : 585075-010

CUSTOMER NO: 8079805

FOREIGN FILINGS

NAME: REDDIT, 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#

EXAMINER:

COVER LETTER

| TO: | _ | tration Section ion of Corporations | | | | | |
|--|----------|-------------------------------------|--|--|---|---|---------------------|
| SUBJI | ECT: | Reddit, Inc. | | | | | |
| ~~~ | | | Name of corporat | ion - | must include suffix | | |
| Dear S | ir or M | adam: | | | | | |
| "Certif | icate o | | rtificate of Good S | tandi | uthorization to Transacing" and check are sub- in Florida. | | |
| Please | return | all correspondence c | oncerning this ma | tter to | the following: | | |
| Barbara | Lee | | | | | | |
| | | . | Name | of Pe | rson | | |
| Reddit, | Inc. | | | | | | |
| | | | Firm/C | ompa | nny | | ~ |
| 1455 Market St. Ste 1600 | | | | | 027 | | |
| | | | Ad | ldress | ; | | |
| San Fra | ncisco. | CA 94103 | | | | | 1 |
| | | | City/Stat | e and | Zip code | | 2022 IPR - 1 PH 12: |
| tax@ree | ddit.cor | | | | | | · |
| | | È-mail | address: (to be use | d for | future annual report n | otification) | , |
| For fur | ther int | formation concerning | g this matter, pleas | se call | ! : | | • |
| Barbara | Lee | | at (| 790-7391 | | | |
| | Name | of Person | Area C | ode | Daytime Telepl | ione Number | _ |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | Registration Se Division of Co P.O. Box 6327 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | |
| | nake ch | • | | □ \$ | F STATE 378.75 Filing Fee & Certified Copy | □ \$87.50 Filin Certificate of Certified Co | 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.

| | corporation; must include "INCORPORATED forp," "Inc," "Co," or "Corp.") | ," "COMPANY," "CORPORATION," | | - |
|---|---|--|----------------------|------------|
| | , | | | |
| (If name unavail | able in Florida, enter alternate corporate name | e adopted for the purpose of transacting | business in Florida) | _ |
| 2. Delaware | Dalawara 15 25 (650) | | | |
| | (State or country under the law of which it is incorporated) (FEI number, if applicable) | | | |
| 4 05/13/2011 | \$ | Perpetual | | |
| •• | e of incorporation) | (Date of duration, if other than perpetual) | | |
| 6 | | | | _ |
| | | in Florida, if prior to registration) 1502, F.S., to determine penalty liability |) | |
| 7 1455 Market St. 3 | Ste 1600, San Francisco, CA 94103 | | | |
| · | | fice street address) | | - |
| 548 Market St #1 | 16093, San Francisco, CA 94104-5401 | | | |
| | (Current maili | ing address, if different) | | • |
| 8. Name and street | et address of Florida registered agent: (P. | O. Box <u>NOT</u> acceptable) | 2022 APR | , - |
| Name: | Corporation Service Company | | P3 - | \$. |
| Office Address: | 1201 Hays Street | | | |
| | Tallahassee | . Florida ³²³⁰¹ | PH 12: 17 | |
| | (City) | (Zip code) | | - |
| 9. Registered age Having been name designated in this | ent's acceptance: ned as registered agent and to accept serv application, I hereby accept the appoint | rice of process for the above stated c | orporation at the | place |
| further agree to c | omply with the provisions of all statutes is with and accept the obligations of my positions. | relative to the proper and complete j | performance of n | y duties, |
| _ | Eylina C | President signature) | _ | |
| | (Registered agent's s | signature) | | |
| 10. Attached is a | certificate of existence duly authenticated | , not more than 90 days prior to deliv | ery of this applic | ation to |

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Steven Huffman Benjamin Lee ☐ Chairman □ Chairman 1455 Market St, Ste 1600 1455 Market St, Ste 1600 Address: □Vice Chairman □Vice Chairman Address: San Francisco, CA 94103 San Francisco, CA 94103 Director □ Director ■President □ President ☐ Vice President ☐ Vice President □ Secretary ☐ Treasurer ■ Secretary ☐ Treasurer □Other _____ Other ____ Other ____ □ Other Andrew Vollero Patricia Fili-Krushel Name: □ Chairman □ Chairman 1455 Market St, Ste 1600 1455 Market St. Ste 1600 ☐ Vice Chairman Address: □Vice Chairman Address: San Francisco, CA 94103 San Francisco, CA 94103 Director Director □ President □ President ☐ Vice President ☐ Vice President □ Secretary Treasurer □ Secretary ☐ Treasurer □Other _____ Other □Other □Other Name: Paula Price Porter Gale □ Chairman Name: ☐ Chairman 1455 Market St, Ste 1600 1455 Market St. Ste 1609 □Vice Chairman Address: □Vice Chairman Address: San Francisco, CA 94103 San Francisco, CA 94103 Director Director □President □President □Vice President _____ ☐ Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer □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. 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. BENJAMIN LEE SEPETARY



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

DELAWARE, DO HEREBY CERTIFY "REDDIT, 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 FIFTEENTH DAY OF MARCH, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REDDIT, INC."

WAS INCORPORATED ON THE THIRTEENTH DAY OF MAY, A.D. 2011.

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

2022 APR -1 PM 12: 17

Authentication: 202918505

Date: 03-15-22

4982247 8300 SR# 20221013697