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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

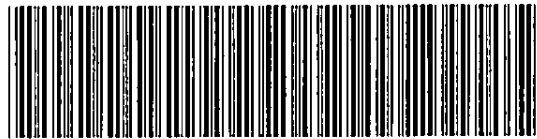
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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GOLDMAN, MONAGHAN,
THAKKAR BETTIN, P.A.

Attorneys At Law

May 3, 2023

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: BOTTOM LINE TECHNOLOGIES, INC.

Dear Madam/Sir:

Enclosed please find the following:

1. Cover Letter;
2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. Certificate of Good Standing (Subsistence Certificate); and
4. Our Trust Account Check #17171 in the amount of \$70.00 for filing fees

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

Christine Jackson, Assistant to
Mitchell S. Goldman, Esq.
321-639-1320 x101
chris@gmtblaw.com

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOTTOM LINE TECHNOLOGIES, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mitchell S. Goldman, Esq.

Name of Person

Goldman, Monaghan, Thakkar & Bettin, P.A.

Firm/Company

96 Willard Street, Suite 302

Address

Cocoa, FL 32922

City/State and Zip code

ed.mccauley@bltinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell S. Goldman

at (321)

639-1320x104

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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.*

1. BOTTOM LINE TECHNOLOGIES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- BOTTOM LINE TECHNOLOGIES INC. OF FLORIDA
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. PENNSYLVANIA 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. OCTOBER 16, 1989 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 100 RIALTO PLACE, SUITE 601, MELBOURNE, FL 32901
(Principal office street address)
- 100 RIALTO PLACE, SUITE 601, MELBOURNE, FL 32901
(Current mailing address, if different)

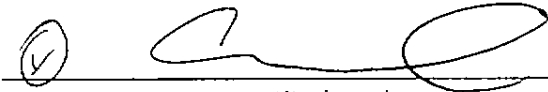
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: EDWARD THOMAS MCCAULEY, III

Office Address: 100 RIALTO PLACE, SUITE 601
MELBOURNE, Florida 32901
(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.


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

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TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: EDWARD THOMAS MCCAULEY, III
☐ Vice Chairman Address: 100 RIALTO PLACE, SUITE 601
☒ Director MELBOURNE, FL 32901
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

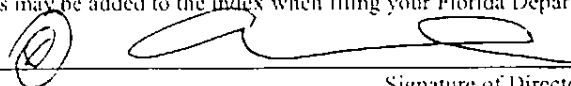
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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

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. EDWARD THOMAS MCCAULEY, III, PRESIDENT
(Typed or printed name and capacity of person signing application)

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations

PO Box 8722 | Harrisburg, PA 17105-8722

T:717-787-1057

dos.pa.gov/BusinessCharities

Regarding: BOTTOM LINE TECHNOLOGIES, INC.
Request Type: Subsistence Certificate **Issuance Date:** April 21, 2023
Request No.: 013834730 **File No.:** 0001530680
Receipt No.: 000481926
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: October 16, 1989
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

BOTTOM LINE TECHNOLOGIES, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt

Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov