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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

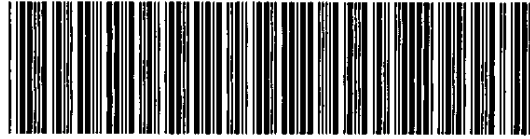
(Business Entity Name)

(Document Number)

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15 JUN 23 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 25 2015
T. HAMPTON

GRAVIE

June 17, 2015

Gravie, Inc.
10 S. 5th Street, Suite 650
Minneapolis, MN 55402

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

Re: Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida

Dear Madam/Sir:

Please find enclosed a completed "Application by Foreign Corporation for
Authorization to Transact Business in Florida" on behalf of Gravie Administrative
Services LLC. Also included is the required registration fee of \$125.00 (check number
11111) and Certificate of Good Standing from Gravie Administrative Services LLC's
domestic state of Delaware.

Please do not hesitate to contact me with any questions or if you require any additional
information. You may reach me directly via email at: sgrcevich@gravie.com or via
telephone at: (612) 547-2475.

Thank you.

Sincerely,



Sarah Grcevich
Compliance & Legislative Lead
Gravie

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Gravie Administrative Services LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 35-2508919
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10 S. 5th Street, Suite 650
Minneapolis, MN 55402
(Street Address of Principal Office)

6. 10 S. 5th Street, Suite 650
Minneapolis, MN 55402
(Mailing Address)

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7. 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)

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.

Michele Miller
(Registered agent's signature)

Michele Miller
Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Abir Sen, Chief Executive Officer, 10 S. 5th Street, Suite 650, Minneapolis, MN 55402
Marck Ciolko, Head of Operations, 10 S. 5th Street, Suite 650, Minneapolis, MN 55402
Jill Prevost, Head of Consumer Experience, 10 S. 5th Street, Suite 650, Minneapolis, MN 55402

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Marck Ciolko
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Marck Ciolko, Head of Operations
Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRAVIE ADMINISTRATIVE SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2015.

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

5528751 8300

150849321

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2423177

DATE: 06-01-15