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Date:	5-4-17 ACCT. 120160000072	wil DV
Name:	GOV DELIVERY, LL	
Document #:		
Order #:	10473065	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:		
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Thank you!

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:

L. GovDelivery, LLC	ign Limited Liability Company; mus	st include "Limited Ligh	ility Company ""LLC " o	u "[] (")	
(valide of 1 or	igh company, man	n nemac isimed pais	mi, company, e.c.c., o	, 31.0. /	
liability Company," "L.L.C."	ternate name adopted for the purpose of "LLC.")	e of transacting business	in Florida. The alternate na	ame must include	"Limited
Minnesota		3. 41-1941088			
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable	e)	-
	(Date tirst transacted busine	ess in Florida if prior to	registration)		
400 0 1 · B · 0 · ·	(Date first transacted busine (See sections 605.0904 & 605.	.0905, F.S. to determine	penalty liability)		
408 Saint Peter Street,	State 600				
St. Paul, MN 55102					
400 Culint Dates Course	(Street Address of I	ттограг Отнее)			
3. 408 Snint Peter Street, S	Suite 600			- 图6 1	
St. Paul, MN 55102					i
	(Mailing a	Address)			
7. Name and street addres	s of Florida registered agent: (P	O. Box NOT accepta	ible)	SS. Account	- 4 a - 24 a - 4
Name:	C T Corporation System		-	E A	
Office Address:	1200 South Pine Island Road		_	- 100 - 100	i materia.
	Plantation		, Florida 33324		
	(City)		(Zip code)	 3×	
designated in this applica to complywith the provisi- accept the obligations of i	gistered agent and to accept ser tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. Michele Holden, A	tment as registered as proper and complete	gent and agree to act in t	this capacity. I	further agre
	(Regist	tered agent's signature)			
8. The name, title or capa	acity and address of the person(s)) who has/have author	ity to manage is/are:		
See attached.					
	of existence, no more than 90 do of which it is organized. (If the cubmitted)				
	Patricia	Belander			
	Signature	of an authorized persor	1		
This document is executed	I in accordance with section 605.				ıtion
	the Department of State constitu				= ==
	Tricia Relanger Manager				

Typed or printed name of signee

<u>Name</u>	Business Address	% of LLC Held Type
Robert F. Smith	- 401 Congress Avenue, Suite 3100, Austin, TX 78701	0% Manager
Patrick M. Seve	rson - 401 Congress Avenue, Suite 3100, Austin, TX 78701	0% Manager
Bret Bolin - 40:	Congress Avenue, Suite 3100, Austin, TX 78701	0% Manager
Robert B. Roge	rs - 401 Congress Avenue, Suite 3100, Austin, TX 78701	0% Manager
Ryan Atlas - 40	1 Congress Avenue, Suite 3100, Austin, TX 78701	0% Manager
Taylor Beaupai	n - 2101 Rosecrans Avenue, Suite 6250, El Segundo, CA 90245	0% Manager
Mark Hynes - 7	07 17th Street, Suite 4000, Denver, CO, 80202	0% Manager
GovDelivery Ho	oldings, LLC 408 Saint Peter St. Suite 600, St Paul, MN, 55102	100% Member

17 HAY -4 AM 7: 16 SECRE DAKY OF STATE FALLAHASSEE, FLORIDA

TO MAY 1

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

GovDelivery, LLC

Date Filed:

10/19/2016

File Number:

910419600050

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

05/03/2017

Atere Vimm



Steve Simon

Secretary of State
State of Minnesota