M17000008901

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

Office Use Only



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OCT 19 2017

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: info@incserv.com

incserv^o

ORDER FORM

TO Florida Department of State

Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 10/18/2017

PRIORITY Routine

OUR REF # (Order ID#) 605353

ORDER ENTITY

ROBINHOOD FINANCIAL LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

ROBINHOOD FINANCIAL LLC (FL)

File the attached foreign qualification document

NOTES:_

\$125.00 Authorized

Email address for annual reports: legal_rhs@robinhood.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, October 18, 2017 Page 1 of 1

DocuSign Envel-pe ID: 4520F4D9-566A-49F5-8430-A3C4A2211C0F

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:

	name adopted for the purpose of transacting business	mir portua. The anestu	ie name mast mentie. Limited Li	arming company, there, or this,
Delaware		3.		
(Jurisdiction under the law of v	hich foreign limited hability company is organized)	_	(FEI pun	ber, if applicable)
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to o	nor to registration.)		
3200 Ash St, Palo Alt				A 94306
(Street Address of		b. <u></u>	00 Ash St, Palo Alto, C (Mailing Ad	dress)
				<u> </u>
				~ ou
Name and street addre	ss of Florida registered agent: (P.O.	Box NOT acce	ptable)	3
Name:	Incorporating Services, Ltd.			700
	1510 Classess Dain			,
Office Address:	1540 Glenway Drive			ę.
Office Address.				
egistered agent's acce aving been named as r signated in this applice comply with the provis	egistered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pr is of my position as registered agent	ent as registered coper and compl t.	agent and agree to ac-	t in this capacity. I furthe
egistered agent's acce laving been named as r esignated in this applic comply with the provis nd accept the obligation	otance: egistered agent and to accept service stion, I hereby accept the appointme ions of all statutes relative to the pr is of my position as registered agent	ent as registered coper and compl t. gent's signature)	(Zip co the above stated limited agent and agree to ac- ete performance of my	t in this capacity. I furthe
egistered agent's acce aving been named as r esignated in this applic comply with the provis nd accept the obligation	otance: egistered agent and to accept service etion, I hereby accept the appointme ions of all statutes relative to the pr is of my position as registered agent	ent as registered to per and complete. gent's signature) the has/have auth	(Zip co the above stated limited agent and agree to ac- ete performance of my	t in this capacity. I furthe
egistered agent's accelaving been named as resignated in this application comply with the provised accept the obligation. The name, title or cap	otance: egistered agent and to accept service ition, I hereby accept the appointme ions of all statutes relative to the pr is of my position as registered agent (Registered) acity and address of the person(s) w	ent as registered to per and complete. gent's signature) the has/have auth	(Zip co the above stated limited agent and agree to acc ete performance of my ority to manage is/are:	t in this capacity. I furthe duties, and I am familiar
egistered agent's acce aving been named as r esignated in this applice comply with the provis and accept the obligation . The name, title or cap Title or Capacity:	otance: egistered agent and to accept service, ation, I hereby accept the appointment ions of all statutes relative to the prise of my position as registered agent (Registered acity and address of the person(s) where and Address: Scott Friedman 3200 Ash St	ent as registered to per and complete. gent's signature) the has/have auth	(Zip co the above stated limited agent and agree to acc ete performance of my ority to manage is/are:	t in this capacity. I furthe duties, and I am familiar
egistered agent's acce aving been named as r esignated in this applice comply with the provis and accept the obligation . The name, title or cap Title or Capacity:	otance: egistered agent and to accept service ition, I hereby accept the appointme ions of all statutes relative to the pr is of my position as registered agent (Registered acity and address of the person(s) w Name and Address: Scott Friedman	ent as registered to per and complete. gent's signature) the has/have auth	(Zip co the above stated limited agent and agree to acc ete performance of my ority to manage is/are:	t in this capacity. I furthe duties, and I am familiar
egistered agent's acceptive aving been named as resignated in this application of accept the obligation. The name, title or captitle or Capacity: President and CCO	otance: egistered agent and to accept service, ation, I hereby accept the appointment ions of all statutes relative to the prise of my position as registered agent (Registered acity and address of the person(s) where and Address: Scott Friedman 3200 Ash St	ent as registered to per and complete. gent's signature) the has/have auth	(Zip co the above stated limited agent and agree to acc ete performance of my ority to manage is/are:	t in this capacity. I furthe duties, and I am familiar
egistered agent's acce aving been named as r esignated in this applica comply with the provis and accept the obligation . The name, title or cap Title or Capacity:	ptance: egistered agent and to accept service, ation, I hereby accept the appointment ions of all statutes relative to the prise of my position as registered agent (Registered) acity and address of the person(s) where and Address: Scott Friedman 3200 Ash St Palo Alto, CA 94306	ent as registered to per and complete. gent's signature) the has/have auth	(Zip co the above stated limited agent and agree to acc ete performance of my ority to manage is/are:	t in this capacity. I furthe duties, and I am familiar

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ROBINHOOD FINANCIAL 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROBINHOOD FINANCIAL LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2012.

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

Authentication: 203415341

Date: 10-18-17

5203748 8300 SR# 20176666760