M200005034

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

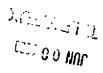
Office Use Only



200345813952







Incorporating Services, Ltd.

3500 S DuPont Highway Dover, DE 19901 302.531.0855

Fax: 302.531.3150 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM: Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE | 6/5/2020

PRIORITY Regular Approval

OUR REF # (Order ID#) 830302

ORDER ENTITY
ROBINHOOD MONEY, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

File the attached foreign qualification document

\$125.00 Authorized

Email address for annual report reminders: radiv@incserv.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.

Friday, June 05, 2020 Page 1 of 1

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ALMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Robinhood Money, LLC	·				
(Name of Foreign I	Limited Liability Company, must include "Limited	Liabilit	y Company," "L.E.C.," or "LLC")	
elf name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl.	wida The	alternate name nuist include "Limited	Liability Company," "L. I. C	Cor "LLC "
Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized)		3.	3. (FEI number, if applicable)		
(Jurisdiction under the law of wi	neu totalšti numea naumik combank iz odžausaca		(17.1 1104	inger, ir approache,	
4	(Date first transacted business in Florida, if prior to tiese actions 605 0904 & 605 0905, F.S. to determine	registralio ne penalty	n) · liability)		
85 Willow Rd 5. (Street Address of Principal Office)		Ġ.	85 Willow RD (Mailing Address)		
Mento Park, CA 94025			Menlo Park, CA 94025		
	:- 			MA	; .
7. Nume and street address	g of Florida registered agent: (P.O. Box	NOT.	acceptable)		
Name:	Incorporating Services, Ltd.			الميد الموادي وبريا الموادي المريا	
Office Address:	1540 Glenway Drive		Ar - 1 ar		
	Tallahassec		32301 , Florida		
	(Cuy)		(Zip code)		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited flability company 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.

Rama Parka, Assistant Secretary
(Registered agent's signature)

Shiv Verma

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: Robinhood Markets, Inc. Name: Shiv Verma ■ Manager □Manager Address: ______85 Willow Rd. Address: 85 Willow Rd. ☐ Member ■ Member Menlo Park, CA 94025 Menlo Park, CA 94025 □ Authorized □ Authorized Person Person □Other_____ □Other_____ Other____ □Other_____ Name: Reno Mathews Name: □Manager Manager Address: 85 Willow Rd. Address: □Member [™]Member Menlo Park, CA 94025 □ Authorized Authorized Person Person Other_____ □Other_____ Other___ □Other_____ Name: Name: □Manager □ Manager Address: □ Member Address: □ Member □ Authorized □ Authorized Person Person □Other_____ □ Other____ □Other____ Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Plorida Department of State Annual Report form. 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) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. M230:5742510437 Signature of an authorized person

Typed or printed name of signes

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROBINHOOD MONEY, 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 FOURTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROBINHOOD MONEY, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2020.

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

AL COLD delowate Huy all

Authentication: 203051326

Date: 06-04-20