

N 200000006993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

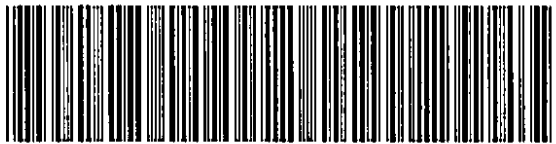
(Document Number)

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2020 AUG 12 PM 3:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

45  
8/12/20

March 27, 2020

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

RE: Nonprofit Corporation Name Release -- ActBlue, Inc.

To Whom It May Concern:

We are writing to request the release of the name ActBlue, Inc. to use as a foreign nonprofit corporation in the State of Florida.

ActBlue, LLC is a non-profit tax exempt organization that is organized under § 527 of the Internal Revenue Code and incorporated in Massachusetts. We seek authorization as a foreign not-for-profit corporation to conduct affairs in Florida. On March 12, 2020, we mistakenly filed with the State of Florida as a nonprofit corporation, when we should have filed as a foreign nonprofit corporation. We have since dissolved that filing as a nonprofit corporation on March 20, 2020. We are now filing a foreign not-for-profit qualification form to register for authorization as a foreign not for profit corporation to conduct affairs in Florida under the name of ActBlue Inc., and therefore requesting the release of the aforementioned corporate name.

Please let me know if you have any questions, concerns, or need additional information.

Thank you.

Shaza Alzaim  
[salzaim@actblue.com](mailto:salzaim@actblue.com)  
In-House Counsel  
ActBlue

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ActBlue, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shaza Alzaim

Name of Person

ActBlue, LLC

Firm/Company

366 Summer Street

Address

Somerville, MA 02144

City/State and Zip Code

salzaim@actblue.com

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

For further information concerning this matter, please call:

Shaza Alzaim

617

996-7620

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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TALLAHASSEE, FLORIDA

2020 AUG 12 PM 3:14

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. ActBlue, 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. Massachusetts 20-1135377  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 366 Summer Street 6. 366 Summer Street  
(Street Address of Principal Office) (Mailing Address)

Somerville, MA 02144 Somerville, MA 02144

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg 33702  
(City) Florida (Zip code)

Registered agent's acceptance:

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

Tom Glover

(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Matthew Debergalis</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Erin Hill</u>
<input type="checkbox"/> Member	Address: <u>366 Summer Street</u>	<input type="checkbox"/> Member	Address: <u>366 Summer Street</u>
<input type="checkbox"/> Authorized	<u>Somerville, MA 02144</u>	<input type="checkbox"/> Authorized	<u>Somerville, MA 02144</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Marc Laitin</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Benjamin Rahn</u>
<input type="checkbox"/> Member	Address: <u>366 Summer Street</u>	<input type="checkbox"/> Member	Address: <u>366 Summer Street</u>
<input type="checkbox"/> Authorized	<u>Somerville, MA 02144</u>	<input type="checkbox"/> Authorized	<u>Somerville, MA 02144</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

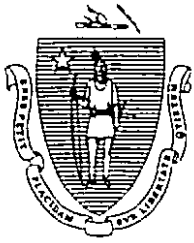
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

  
\_\_\_\_\_  
Signature of an authorized person

Erin Hill  
\_\_\_\_\_  
Typed or printed name of signee



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

Date: March 24, 2020

To Whom It May Concern :

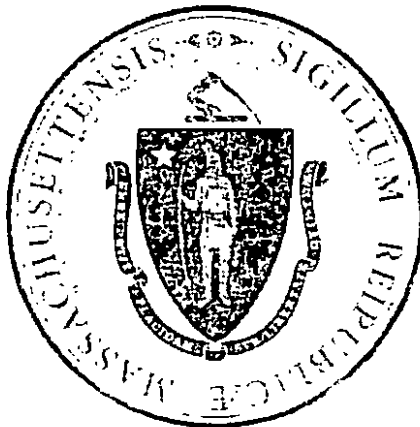
I hereby certify that a certificate of organization of Limited Liability Company was filed  
in this office by

**ACTBLUE LLC**

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on  
**March 17, 2005.**

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation;  
that said Limited Liability Company has not been administratively dissolved; and that so far as  
appears of record, said Limited Liability Company has legal existence.

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SECRETARY OF STATE  
TALL MAASSACHUSETTS



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 20030470130

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: tad