F-07000042-39

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(В	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
. ,	Office Use Only			



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SECRETARY OF STATE

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Obopay, Inc.		
	ation - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation of "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to	
Please return all correspondence concerning this ma	tter to the following:	
Naomi Kuhn		
(Name	e of Person)	
Obopay, Inc.	11.0	
· (Firm/	Company)	
275 Shoreline Drive, Suite 600		
•	ddress) $\frac{2}{\sqrt{2}}$	
Redwood City, CA 94065		
(City/Sta	tte and Zip code)	
, , , , , , , , , , , , , , , , , , ,		
Naomi Kuhn at 650) ₎ 264-2023	
(Name of Person) (Are	ea Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\ \text{Certificate of Status}	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607 1503 FLORIDA STATUTES THE FOLLOWING IS SURMITTED TO

Obopay,	lnc ·		
(Enter name of	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	-
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	<u>-</u>
Delaware		73-1732408	
	under the law of which it is incorporated)	(FEI number, if applicable)	_
March 28	, 2005 _{5.}	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	-
March 31	, 2007		_
	(Date first transacted business i	in Florida, if prior to registration) 502, P.S., to determine penalty liability)	
275 Shore	line Drive, Suite 600, Redwo	- · · · · · · · · · · · · · · · · · · ·	
2.0 0.10.0	(Principal office add		-
275 Shore	eline Drive, Suite 600, Redwo		
	(Current mailing add		_
		•	•
	yment services		_
(Purpose(a) of corporation authorized in home state or co	ountry to be carried out in state of Florida;	
Name and street	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	07
Name:	CT Corporation System	AH AH	_
fice Address:	1200 South Pine Island Ro	ad ASS	105 2
fice Address:	1200 South Pine Island Ro Plantation		2
fice Address:			
. Registered as sving been nam signated in this other agree to co	Plantation (City) gent's acceptance: sed as registered agent and to accept servi application, I hereby accept the appoints gmply with the provisions of all statutes r	, Florida 33324 (Zip code) ice of process for the above stated corporation at the ment as registered agent and agree to act in this capa relative to the paper and complete performance of m	place picity. I ny duties,
. Registered as wing been name signated in this other agree to co	Plantation (City) gent's acceptance: ted as registered agent and to accept service application, I hereby accept the appoints	, Florida 33324 (Zip code) ice of process for the above stated corporation at the ment as registered agent and agree to act in this capa relative to the proper and complete performance of m	place sucity. I my duties,

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Carol Realini	
Address: 275 Shoreline Drive, Suite 600, Redwood City, CA 94065	
Vice Chairman: Susan Mason	
Address: 2400 Sand Hill Road, Suite 150, Menlo Park, CA 94025	
Director: Allen Beasley	
Address: 3000 Sand Hill Road, Bldg. 2, Suite 290, Menlo Park, CA	94025
Director: Peter Kellner	
Address: 645 Madison Avenue, 20th Floor, New York, NY 10022	07 SE
	CRE L
B. OFFICERS	21 SSEE
President: Carol Realini	
Address: 275 Shoreline Drive, Suite 600, Redwood City, CA 94065	
Vice President: H. David Johnson	
Address: 275 Shoreline Drive, Suite 600, Redwood City, CA 94065	
Secretary: Judith M. O'Brien	
Address: 275 Shoreline Drive, Suite 600, Redwood City, CA 94065	
Treasurer: Christopher Martin	
Address: 275 Shoreline Drive, Suite 600, Redwood City, CA 94065	
NOTE: If necessary, you may attach an addendum to the application listing additional officers a (Signature of Director or Officer listed in number 12 of the application) Judith M. O'Brien, EVP, General Counsel and Secretary	nd/or directors.
(Signature of Director or Officer listed in number 12 of the application)	
17.	
(Typed or printed name and capacity of person signing application)	

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OBOPAY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JUNE, A.D. 2007.



Harriet Smith Windsor, Secretary of State

DATE: 06-21-07

Varuet Smith Hinds

AUTHENTICATION: 5781979

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