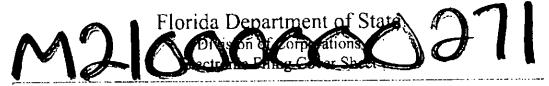
From: Ranae McGray

1/7/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000084743)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

Email Address:\_\_\_

# Foreign Limited Liability Company Routematch Software, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help

JAN - 8 2021

K Brumpley

From: Ranae McGra

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANTOTRANSACIBUSINES NYUKTATIOHELORIDA;

If name unassilable, enter alternate	name adopted for the purpose of transacting maxiness in E	lisida Iber	allernate name must melude "Lanuted Loale	hty Company/ *1.11.07 or *1.1.0
Georgia	thich foreign limited liability company is organized)	3.	582516425	it applicable)
4 Upon Qualification	(Date first transacted business in Florida, it prior to (See Revious 605 0904 & 605 0905, F.S. to determ	regretration	liability)	<del></del>
5 1230 Peachtree St. NE Street Address of Principal Office)		6	1515 3rd Street	
GA 30309			San Francisco, CA 94158	
7 Name and street addre	ss of Florida registered agent. (P.O. Bo	c NOT a	acceptable)	
Name.	C T Corporation System	_	<u> </u>	2021 JAN
	1200 South Pine Island Road			7 PH

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.

By: CT Corporation System Lisa Dubois Lisa Dubois, Asst. Secretary

Page; 4 of 5

8. For initial index manage Jup to six (		oses, list names, title or capacity and	addresses of the primary members	/managers or persons authorized to
Title or Capacity:		Name and Address:	Title or Capacity:	Name and Address:
'Manager	Name.	Routematch Holdings, LEC	_Manager Name:	

Manager	Name: Routematch Holdings, LLC	_Manager	Name:
<b>X</b> Member	Address: 1515 3rd Street	□ Member	Address:
∐Authorized	San Francisco, CA 94158	□ Authorized	
Person		Person	
Other	Other	□Other	
ΞManager	Name:	□ Manager	Name:
□Member	Address:	Member	Address:
□: Authorized		☐ Authorized	
Person		Person	
Other	Other	□Other	Other
Manager	Name.	□Manager	Name
T.Member	Address:	T Member	Address:
□Authorized		☐ Authorized	
Person		Person	
乙()ther	Other	[]Other	()ther

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 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 \$ \$17,155, F.S.

	Keir DA	
	Signature of an authorized person	
14 7 40 4		
Keir Gumbs		

Control Number: 0002932

# STATE OF GEORGIA

## Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### ROUTEMATCH SOFTWARE, LLC

a Domestic Limited Liability, Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application, for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number 19916147
Date Inc/Auth/Filed 01/18/2000
Jurisdiction Georgia
Print Date : 01/07/2021
Form Number : 211



Brad Raffonspager

Brad Raffensperger Secretary of State