#### Filing and License Fee: \$310.00 minimum



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

#### **BUSINESS CORPORATION**

#### APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

- 1. The name of the corporation is Cyber- Ark Software Inc.
- 2. It is incorporated under the laws of \_\_\_\_\_\_
- 3. The name, if different, which it elects to use in Rhode Island is:
  - (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:
  - (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4.	The date of its incorporation is	date of its incorporation is and the period of its duration is		ual	
5.	57	7 Wells Avenue , Suite 2		201	$\mathbf{O}_{i2}^{ij}$
6.	The address of its proposed registered	office in Rhode Island is	222 Jefferson Boulevard, Suite 200	HA	
0.			(Street Address, not P.O. Box)		£
	Warwick	, RI <b>02888</b>	_ and the name of its proposed registered age	nt in Rhode	e Island at
	(City/Town)	(Zip Code)		A	Öc.
	that address is Corporation Service Company		_ <u>_</u>	م م م م	
	(Name of Agent)			<del></del> చ	
7.	The purpose or purposes which it prop Software Sales	loses to pursue in the trar	nsaction of business in Rhode Island are:	Ň	

8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

	<u>Name</u>		Address	
Director			HLED	
Director				<u> </u>
Director			MAR 2 2 2013	
Director		BY	Mr 193363	
Form No. 150			11:32	

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	<u>Name</u>	Address
President		57 Wells Avenue Suite 20A Newton MA 02459
Vice President		
Treasurer	SUZY PELED	57 Wells Avenue Suite 20A Newton MA 02459
Secretary		

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:
Par Value or Statement that

		Number of Shares	<u>Class</u>	<u>Series</u>	Shares are without Par Value
	30	00	common		0.001
		\$ <sup>0</sup>			
10.	(a)	\$following year, wherever locate		of the value of all property	to be owned by the corporation for the
	(b)	\$ <mark>0</mark> Island during the following year		of the value of the corporat	ion's property to be located within Rhode
	(c)	the corporation to be located w	vithin this state during th	e following year bears to the	that the estimated value of the property of value of all property of the corporation to by 100 to obtain the percentage}
11.	(a)	\$ <u>N/A - private company</u> during the following year.	= An estimate of	of the gross amount of busi	ness to be transacted by the corporation
	(b)	N/A - private company			ess to be transacted by the corporation at
	(c)	transacted by the corporation a	at or from places of busi	ness in this state during the	that the gross amount of business to be following year bears to the gross amount de (b) by (a) and multiply by 100 to obtain
12.		s application is accompanied by s of which it is incorporated.	a certificate of Good S	tanding issued by the prope	er officer of the state or country under the
13.	Thi	s Application for Certificate of Au	thority shall be effective	upon filing unless a specified	date is provided which shall be no later
	tha	n the 90th day after the date of th	nis filing	t	

03/19/2013 Date: \_\_\_\_\_

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22 Signature of Authorized Officer of the Corporation

Suzy Peled , Director Of Finance

Type or Print Name of Authorized Officer

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYBER-ARK SOFTWARE, 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 EIGHTEENTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CYBER-ARK SOFTWARE, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2000.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



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130327454 You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 0291743

DATE: 03-18-13

State of Rhode Island and Providence Plantations



A. Ralph Mollis Secretary of State

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

## I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws

of Rhode Island, as amended, has been filed in this office on this day:

A. ' apr loceio

A. RALPH MOLLIS Secretary of State

