Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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:

2017 AUG 28	R.I. DEPT OF STATE
8 AM II: 36	OF STATE

1 The name of the corporation is:					
Graphisoft North America, Inc.					
	<u></u>				
2 It is incorporated under the laws of: Deleware	e				
3. The name, if different, which it elects to use in Rh	iode 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: 12/21/2001					
And the period of its duration is: CHECK ONLY ON	E BOX				
Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
60 Hickory Drive, 1st Floor , Waltham, MA 02451					
6 The name and address of the initial registered agent/office of in Rhode Island:					
Agent Name Corporation Service Company					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 0CT 16 2017
BY 314941
FORM 150 - Revised, 08/2016

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Employee moving to Rhode Island. Business sells pre packaged building design software				
ruibioyoo moving to .	Vilone isiaita. Tusiliess selis hie h	раскадео вилот	g design software	
8 (a) The names and r	espective addresses of its directors (optional, unless di	rectors are required under the laws of the	
state or country of whic	th it is incorporated):			
NAME		Al	DDRESS	
		_		
8 (b) The names and re	espective addresses of its principal o		Check the box to indicate an attachment. if directors are not required under the laws	
of the state or country c	of which it is incorporated):		in directors are not required uniter the laws	
OFFICE	NAME		ADDRESS	
PRESIDENT	Tracey Gatland	60 Hickory Dri	ve, 1st Floor , Waltham, MA 02451	
VICE PRESIDENT				
TREASURER	Stephen Benford	60 Hickory Dri	ve 1st Floor , Waltham, MA 02451	
SECRETARY	Stephen Benford	 	ve 1st Floor, Waltham, MA 02451	
			Check the box to indicate an attachment	
9. The aggregate numb	er of shares which it has authority to		classes, par value of shares, shares without	
par value, and series, if	fany, within a class, is:			
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
3000	common		.010000	
	llars, the value of all property to be	(b) Estimate, in de	ollars, the value of the corporation's property	
owned by the corporatio located:	vned by the corporation for the following year, wherever cated:		in Rhode Island during the following year:	
\$		\$	0	
(c) Fetimate as a pare)	entered the proportion that the entire			
within this state during the	the following year bears to the value o	of all property of th	roperty of the corporation to be located e corporation to be owned during the	
following year, wherever	r located. Note: Divide (10b) by (10a)	and multiply by 10	00 to obtain the percentage.	
less than 5				
			· ·	

11 (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.			
\$_7,000,000.00	\$_50,000.00			
(c) Estimate, as a percentage , the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. <i>Note percentage</i> . 6 7 / %	imount of business to be transacted by the corporation at or givear compared to the gross amount thereof which will be Divide (11b) by (11a) and multiply by 100 to obtain the			
12. This application must be accompanied by a Certificate of the state or country under the laws of which it is incorporate	f Good Standing/Letter of Status issued by the proper officer of d that is dated within 60 days of the filing of this document.			
13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX				
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the day of filing)				
Under penalty of perjury, I declare and affirm that I have exa accompanying attachments, and that all statements contains	mined this Application for Certificate of Authority, including any ed herein are true and correct.			
Type or Print Name of Authorized Officer	Date			
Tracey Gatland	8/25/2017			
Signature of Authorized Officer of the Corporation				
Signature of Authorized Officer of the Corporation Signature of Authorized Officer of the Corporation				



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GRAPHISOFT NORTH AMERICA, 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-FIFTH DAY OF AUGUST,

A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAPHISOFT NORTH AMERICA, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2001.

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

R.I. DEPT OF STATE BUS SVCS DIV



Authentication: 203121007

Date: 08-25-17