RI SOS Filing Number: 202194747460 Date: 3/19/2021 12:13:00 PM

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Application for Certificate of Authority FOREIGN Business Corporation → Filing Fee: \$310.00 minimum Pursuant to the provisions of RIGL 7-1,2-1405, 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: Apttus Corporation 2. It is incorporated under the laws of: Delaware 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: 06/29/2012 And the period of its duration is: CHECK ONE BOX ONLY ✓ Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is: 1400 Fashion Island Blvd., Suite 100, San Mateo, CA 94404 6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Corporation Service Company Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 City/Town Warwick Zip Code 02888 **RHODE ISLAND**

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

STAIGP

MAR 19 2021

BY ON CAPCZ

7. The purpose or purpo	oses which it pr	oposes to p	ursue in the	transaction (of busine:	ss in Rhode Island are:	
Selling of SaaS produ	cts and profes	sional serv	rices				
8. (a) The names and restate or country of whice	espective addre	esses of its o	directors (or	otional, unless	s director	s are required under the laws o	f the
NAME		ADDRESS					
Michael Noel Goggin		3705 Newport Bay Drive Alpharetta, GA 30005					
-			•				
		Check the box to indicate an attachment					
8. (b) The names and re	espective addre	sses of its p	orincipal offi	cers (mandat	ory if dire	ectors are not required under th	e laws
OFFICE	of which it is incorporated): NAME			ADDRESS			
PRESIDENT							
VIOE DECIDENT	Michael Noel Goggin			3705 Newport Bay Drive Alpharetta, GA 30005			
VICE PRESIDENT							
TREASURER	· · · · · · · · · · · · · · · · · · ·						
SECRETARY	Omer Rafatullah			1400 Fashi	on Island	i Blvd. Ste 100, an Mateo CA	94404
	<u> </u>	 		<u> </u>	Chec	ck the box to indicate an attach	ment 🔲
The aggregate numb par value, and series, if			uthority to is	sue; itemized	by class	es, par value of shares, shares	without
NUMBER OF SHARES				SERIES		PAR VALUE OR STATE NO PAR V	ALUE
1000	Common					.01	
	· <u></u>					-	
 -				·-			
							
	. <u> </u>						
10. An estimate, as a p	ercentage, of t	he proportio	on that the e	stimated valu	ie of the p	property of the corporation to be	 B
located within this state the following year, when						f the corporation to be owned d	uring
n		vole. Fercer	ritay a obtaii	ied irom wor	NSH OO L.)		
<u> </u>	, o						
11. An estimate, as a p	percentage, of	the proportic	on of the gro	oss amount o	f busines	s to be transacted by the corpo	ration
at or from places of bus transacted by the corpo	siness in Rhode	Island during	ng the follow	ving year con	npared to	the gross amount thereof whic	h will be
0.0005%		ic following :	year. (Note.	r ercemaye	obtaili o u	nom wornsneet.)	
%	Ó						

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12. This application must be accompanied by a <u>Certificate of Good State</u> formation dated within 60 days of the date of this filing.	anding/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ON	NE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the	e date of filing)
Under penalty of perjury, I declare and affirm that I have examined this accompanying attachments, and that all statements contained herein	
Type or Print Name of Authorized Officer	Date
Omer Rafatullah	3/11/2021
Signature of Authorized Officer of the Corporation Docustaned by. VT H	IERE



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

DELAWARE, DO HEREBY CERTIFY "APTTUS CORPORATION" 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 TWELFTH DAY OF MARCH, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APTTUS

CORPORATION" WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JUNE, A.D.

2012.

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

Authentication: 202717985

Date: 03-12-21

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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:

March 19, 2021 12:13 PM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

