

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

RECEIVED.

R.I. DEPT. OF STATE
BUS SYCS DIV

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact husiness in the Control of State for that purpose submits the following statement: 1. The name of the corporation is Zendesk, Inc. 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: March 3, 2009 And the period of its duration is: CHECK ONE BOX ONLY X Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is: 989 Market Street, San Francisco, CA 94103 6. The name and address of the initial registered agent/office in Rhode Island: Agent Name C T Corporation System Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A Zip Code 02914 City/Town East Providence State **RHODE ISLAND**

MAIL TO:

Division of Business Services

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

Phone: (401) 232-3040

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

JUN 29 2021

BY Ch ZXAAB

FORM 150 - Revised: 08/2020

7. The purpose or purpo Business of services-compu	•	·	e transaction of	business in Rhode Island are:	
8. (a) The names and re state or country of which			ptional, unless	directors are required under the laws of the	
NAME		ADDRESS			
Mikkel Svane		989 Market Street, San Francisco, CA 94103			
Archana Agrawal		989 Market Street, San Francisco, CA 94103			
Carl Bass		989 Market Street, San Francisco, CA 94103			
Mike Curtis		989 Market Street, San Francisco, CA 94103			
		Check the box to indicate an attachment X			
8. (b) The names and re of the state or country of	•		icers (mandato	ry if directors are not required under the laws	
OFFICE	NAME		ADDRESS		
PRESIDENT	Mikkel Svane		989 Market Street, San Francisco, CA 94103		
VICE PRESIDENT	N/A				
TREASURER	Shelagh Glaser		989 Market Street, San Francisco, CA 94103		
SECRETARY	Shanti Ariker		989 Market Street, San Francisco, CA 94103		
				Check the box to indicate an attachment	
9. The aggregate number par value, and series, if			ssue; itemized	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
400,000,000	Common			0 01	
10,000,000	Undesignated Pf			0.01	
10. An estimate, as a pe located within this state the following year, when	during the foll ever located.	lowing year bears to the	value of all pro	e of the property of the corporation to be operty of the corporation to be owned during sheet.)	
at or from places of bus	iness in Rhodiration during t	e Island during the follo	wing year comp	business to be transacted by the corporation pared to the gross amount thereof which will be obtained from worksheet.)	

12. This application must be accompanied by a <u>Certificate of Companied by a Certificate of Cert</u>	Good Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CH	ECK ONE BOX ONLY
X Date received (Upon filing)	
Later effective date (Date must be no more than 90 days	from the date of filing)
Under penalty of perjury, I declare and affirm that I have exam accompanying attachments, and that all statements contained	
Type or Print Name of Authorized Officer	Date
Shanti Ariker	June 18, 2021
Signature of Authorized Officer of the Corporation	

Additional Board of Directors (continued from page 2)

Name:	Address:
Mike Frandsen	989 Market Street, San Francisco, CA 94103
Brandon Gayle	989 Market Street, San Francisco, CA 94103
Steve Johnson	989 Market Street, San Francisco, CA 94103
Hilarie Koplow-McAdams	989 Market Street, San Francisco, CA 94103
Thomas Szkutak	989 Market Street, San Francisco, CA 94103
Michelle Wilson	989 Market Street, San Francisco, CA 94103



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

DELAWARE, DO HEREBY CERTIFY "ZENDESK, 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 JUNE, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

4661237 8300 SR# 20212493890 Authentication: 203484825

Date: 06-18-21