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State of Rhode Island

Department of State - Business Services Division

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Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of <u>RIGL 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:

for that purpose submits the following statement:				
The name of the corporation is:				
APPFOLIO, INC.				
2. It is incorporated under the laws of: DELAWA	RE			
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: SEPTEMBER 22, 2006				
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:				
50 CASTILIAN DRIVE, SANTA BARBARA, CALIFORNIA 93117				
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	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 DCT 182021

FORM 150 - Revised: '08/202

7. The purpose or purpo SOFTWARE SOLD	oses which it proposes to pur	sue in the transaction of bu	siness in Rhode Island are:	
SOFTWAKE SOLD	AO A SERVICE			
8. (a) The names and restate or country of which	espective addresses of its dirent it is incorporated):	ectors (optional, unless dire	ectors are required under the laws of the	
NAME		AD	DRESS	
		(Check the box to indicate an attachment 📝	
	espective addresses of its prin f which it is incorporated):	ncipal officers (mandatory in	f directors are not required under the laws	
OFFICE	NAME		ADDRESS	
PRESIDENT	JASON RANDALL 50 CASTILIAN DRIVE, SANTA BARBARA, CA 93		DRIVE, SANTA BARBARA, CA 93117	
VICE PRESIDENT				
TREASURER	ANN WILSON	50 CASTILIAN	50 CASTILIAN DRIVE, SANTA BARBARA, CA 93117	
SECRETARY	C. CRAIG CARLSON	660 NEWPORT	CTR DR., #1600, NEWPORT BEACH, CA	
	<u> </u>		Check the box to indicate an attachment	
9. The aggregate number par value, and series, if		ority to issue; itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
250,000,000	COMMON	Α	0.0001	
50,000,000	COMMON	В	0.0001	
10. An estimate, as a pelocated within this state	ercentage, of the proportion to	that the estimated value of	the property of the corporation to be ty of the corporation to be owned during	
the following year, where	ever located. (Note: Percenta	ige obtained from workshe	et.)	
0%				
at or from places of bus	iness in Rhode Island during	the following year compare	iness to be transacted by the corporation ed to the gross amount thereof which will be	
12 %	ration during the following yea	ar. (Nota. Parcentage Obtai	neu nom worksneet.)	

AppFolio, Inc. - List of Board of Directors

Timothy Bliss 50 Castilian Drive Goleta, CA 93117

Janet Kerr 50 Castilian Drive Goleta, CA 93117

Jason Randall 50 Castilian Drive Goleta, CA 93117

William Rauth III 50 Castilian Drive Goleta, CA 93117

Agnes Bundy Scanlan 50 Castilian Drive Goleta, CA 93117

Klaus Schauser 50 Castilian Drive Goleta, CA 93117

Andreas Von Blottnitz 50 Castilian Drive Goleta, CA 93117

Winifred Webb 50 Castilian Drive Goleta, CA 93117

12. This application must be accompanied by a <u>Certificate of Good</u> formation dated within 60 days of the date of this filing.	Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK	ONE BOX ONLY
✓ 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 examined accompanying attachments, and that all statements contained her	
Type or Print Name of Authorized Officer	Date
ANN WILSON	10-12-202/
Signature of Authorized Officer of the Corporation	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "APPFOLIO, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2021.

Authentication: 204167675

Date: 09-15-21

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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:

October 18, 2021 11:04 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

