RI SOS Filing Number: 202342282830 Date: 10/18/2023 1:07:00 PM



State of Rhode Island

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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2023	OCT	18	D	': 1: ዐገ

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:

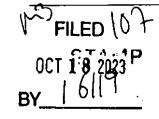
1. The name of the corporation is:					
LiveAction, Inc.					
2. It is incorporated under the laws of: Delaware					
3. The name, if different, which it elects to use in Rhode Island is:					
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "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: 07/16/2007					
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:					
901 CAMPISI WAY, SUITE 222, Campbell, CA 95008					
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					
City/Town East Providence	State RHODE ISLAND	Zip Code ₀₂₉₁₄			

MAIL TO:

Division of Business Services

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

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



7. The purpose or purpo	oses which it proposes to	pursue in the transaction of bu	siness in Rhode Island are:
development and sale of e	enterprise software and servi	ices	
8. (a) The names and restate or country of which		s directors (optional, unless dire	ectors are required under the laws of the
NAME		ADI	DRESS
Sec Attached			
			-
			Check the box to indicate an attachment X
			f directors are not required under the laws
of the state or country of OFFICE	of which it is incorporated NAME	<i>j</i> ·	ADDRESS
PRESIDENT			<u> </u>
	See Attached		
VICE PRESIDENT			_
TREASURER			
SECRETARY			
			Check the box to indicate an attachment X
			classes, par value of shares, shares without
par value, and series, if	f any, within a class, is:	SERIES	PAR VALUE OR STATE NO PAR VALUE
100		JEMES	.000100
	Common		.000100
		<u>.</u>	
			
10. An estimate, as a p	percentage, of the propor	tion that the estimated value of	the property of the corporation to be rty of the corporation to be owned during
the following year, whe	erever located. (Note: Per	centage obtained from workshe	et.)
0 %	6		
[,]	·•		
11. An estimate, as a	percentage, of the propo	rtion of the gross amount of bus	siness to be transacted by the corporation
at or from places of but transacted by the corpo	siness in Knode Island di oration during the followir	uring the following year compari ng year. (<i>Note: Percentage obta</i>	ed to the gross amount thereof which will be ined from worksheet.)
.25 %		-	

Attachment for Officer's and Director's: - LiveAction, Inc.

Address for Officer's and Director's 901 CAMPISI WAY, SUITE 222, Campbell, CA 95008

Name	Title.		
i Michael Triplett	Director		
Philine Huizing	Director		
Francine Geist	CEO		
Ghia Gnarte	Director		
Suku Krishnaraj	Director		
John McSherry	General Counsel and Secretary		

12. This application must be accompanied by a Certificate of Good 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)
14. Under penalty of perjury, I declare and affirm that I have examinany accompanying attachments, and that all statements contained	
Type or Print Name of Authorized Officer	Date
RACHEL O'CONNOR, SECRETARY	10/13/2023
Signature of Authorized Officer of the Corporation	



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

DELAWARE, DO HEREBY CERTIFY "LIVEACTION, 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 TWELFTH DAY OF OCTOBER, A.D. 2023.

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.

at coro delaware gov/auti

Authentication: 204360586

Date: 10-12-23

4389513 8300 SR# 20233717709 RI SOS Filing Number: 202342282830 Date: 10/18/2023 1:07:00 PM



I, GREGG M. AMORE, 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, 2023 01:07 PM

Gregg M. Amore Secretary of State

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