

FI160000005704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W116-77548  
Tommy Yuen ok'd to write Auth  
Agent in on last page (initials)

Office Use Only



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2016 DEC 27 P 3:50

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TALLAHASSEE, FLORIDA

S Warren

DEC 28 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2016

JENNIFER MEYERS  
GRAY, GRAY & GRAY  
150 ROYALL STREET, SUITE 102  
CANTON, MA 02021

SUBJECT: ADJUST INC.  
Ref. Number: W16000077548

We have received your document for ADJUST INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 216A00024583

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Adjust Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer Meyers

Name of Person

Gray, Gray & Gray

Firm/Company

150 Royall Street, Suite 102

Address

Canton, MA 02021

City/State and Zip code

jmeyers@gggcpas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer K. Meyers

781

407-0300

at ( )

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

Adjust Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 46-4597975  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 2, 2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. January 1, 2017  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6800 Roosevelt Blvd, Building 845, Room 409, Jacksonville, FL 32212  
(Principal office address)

One Boston Place, Floor 26, Boston, MA 02108

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

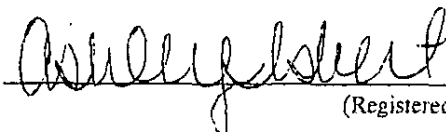
Name: Corporation Service Company

Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



**Ashley Isbert**  
Assistant Vice President

\_\_\_\_\_  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Paul Mueller  
One Boston Place, Floor 26  
Address: Boston, MA 02108

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Paul Mueller  
One Boston Place, Floor 26  
Address: Boston, MA 02108

Director: \_\_\_\_\_

Auth Agent: William K. Hite  
One Boston Place, Floor 26, Boston, MA 02108

B. OFFICERS

President: Christian Henschel  
One Boston Place, Floor 26, Boston, MA 02108  
Address: \_\_\_\_\_

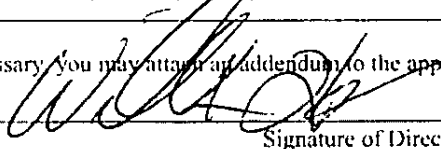
Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Christian Henschel  
One Boston Place, Floor 26, Boston, MA 02108  
Address: \_\_\_\_\_

Treasurer: Christian Henschel  
One Boston Place, Floor 26, Boston, MA 02108  
Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  Authorized Agent.  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. William K Hite Authorized Agent  
(Typed or printed name and capacity of person signing application)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADJUST 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2016.

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.



5450933 8300

SR# 20166021072

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203090648

Date: 09-30-16