# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 01/12/2018

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Semrush Inc.

I, Robert Torres, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Feb 5, 2013 - Pages (2) Change of Address filed on May 24, 2013 - Pages (2) Change of Address filed on Mar 9, 2015 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180112201785-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

Entity #: 4164033 Date Filed: 02/05/2013 Carol Aichele Secretary of the Commonwealth

Enti	Application fo	r Certificate o (15 Pa.C.S.)	f Authority	1302000		-1
	——————————————————————————————————————	siness Corporation on profit Corporation	(§ 4124) ı (§ 6124)			
N	ame SEMRUSH - ATTN MARYNA	HRADOVICH	name a	ent will be re nd address yo		
A	ddress 6 Neshaminy Interplex, Suite 11	7	the lef	- 8	onwealth of P	Onnoulus-i-
C	ity Trevose State PA Zij	p Code 19053		CERTIFIC	ATE OF AUTHO	ORITY 3 Page(s)
-		~			T1303860172	2
	In compliance with the requirements of the third in the undersigned, hereby states that:	ne applicable provisi	ions of 15 Pa.C.	S. (relating to	o corporations	and unincorporated
	Complete only when the corporation must at The name which the corporation adopts for	adopt a corporate de		e in Pennsylv	vania.	
2.	Complete only when the corporation must de	adopt a corporate de use in this Commor not available for us	nwealth is:	onwealth, coi	mplete the follo	owing:
2.	Complete only when the corporation must at The name which the corporation adopts for If the name set forth in paragraph 1 or 2 is	not available for use in transition only under such fields.	ee in this Commonsacting busines	onwealth, con	mplete the follo	n of the board of
2.	Complete only when the corporation must at the name which the corporation adopts for a lf the name set forth in paragraph 1 or 2 is. The fictitious name which the corporation at the corporation shall do business in Pennsylva directors under the applicable provisions of 15	not available for us adopts for use in transition in the result of the r	ee in this Commonsacting busines	onwealth, consist in this Consistence of the construction of the c	mplete the follo	n of the board of
1. 2. 3	Complete only when the corporation must at The name which the corporation adopts for If the name set forth in paragraph 1 or 2 is The fictitious name which the corporation at The corporation shall do business in Pennsylva directors under the applicable provisions of 15 DSCB:54-311 (Application for Registration of The name of the jurisdiction under the laws	not available for us adopts for use in transition in the result of the r	ee in this Commonsacting businessictitious name purorporations and unpraction is incorporation is incorporation.	onwealth, consist in this Consistence of the anincorporated or the anincorporated or attention of the anincorporated or attention of the anincorporated or attention or attent	mplete the follo nmonwealth is: ttached resolutio associations) an Delaware	n of the board of
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#### DSCB:15-4124/6124-2

7	Check one of the following:
	X Business Corporation: The corporation is a corporation incorporated for a purpose or purposes involving pecuniary profit, incidental or otherwise.
	Nonprofit Corporation: The corporation is a corporation incorporated for a purpose or purposes not involving pecuniary profit, incidental or otherwise.
8	Business corporations only. Check any applicable statements:
	This corporation is organized on a nonstock basis.  This corporation is a statutory close corporation.
	This corporation is a management corporation.  This corporation is a professional corporation.
	This corporation is an insurance corporation.
	This corporation is a benefit corporation.
IN TE	ESTIMONY WHEREOF, the undersigned corporation has caused this Application for Certificate of
Autho	ority to be signed by a duly authorized officer thereof this 30 day of January, 20 13.
	Semrush Inc.
	Name of Corporation
	the of
	Signature
	CFO
	Title

Entity #: 4164033 Date Filed: 05/24/2013 Carol Aichele Secretary of the Commonwealth

### PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

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Semrush Inc.			MESTIC	
ddress 8 Neshaminy Interplex, Suite	117			
Trevose PA	19053		100000	T1315411112
In compliance with the requirements of thations), the undersigned corporation or limited  1. The name is:  Semrush Inc.	e applicable provi partnership, desiri	isions of 15 Pa. ing to effect a o	C.S. (relating to change of registe	corporations and unincorporations and unincorporation and unincorporation and unincorporation and unincorporation
				i la victored
The (a) address of its initial registered office provider and the county of venue is			name of its com	mercial registered  County
office provider and the county of	ce in this Common : City Trevose	nwealth or (b) State PA		
(a) Number and street 6 Neshaminy Interplex, Suite 117	City Trevose	State	Zip	County
office provider and the county of	City Trevose	State	Zip	County Bucks
(a) Number and street 6 Neshaminy Interplex, Suite 117  (b) Name of Commercial Registered Offic/o:	City Trevose ice Provider	State PA	Zip 19053	County Bucks County
(a) Number and street 6 Neshaminy Interplex, Suite 117  (b) Name of Commercial Registered Office.  3. Complete part (a) or (b):  (a) The address to which the registered of to be changed is:	City Trevose ice Provider office of the corpo	State PA	Zip 19053	County Bucks County
(a) Number and street 6 Neshaminy Interplex, Suite 117  (b) Name of Commercial Registered Office.  3. Complete part (a) or (b):  (a) The address to which the registered to be changed is:  8 Neshaminy Interplex, Suite 117	City Trevose Trevose  Office of the corpo Trevose	State PA  oration or limite	Zip 19053	County Bucks County this Commonwealth is
(a) Number and street 6 Neshaminy Interplex, Suite 117  (b) Name of Commercial Registered Office.  3. Complete part (a) or (b):  (a) The address to which the registered of to be changed is:  8 Neshaminy Interplex, Suite 117	City Trevose Trevose  Trevose  City	State PA  PA  State	Zip 19053  d partnership in 19053  Zip	County Bucks County this Commonwealth is Bucks
(a) Number and street 6 Neshaminy Interplex, Suite 117  (b) Name of Commercial Registered Office.  3. Complete part (a) or (b):  (a) The address to which the registered to be changed is:  8 Neshaminy Interplex, Suite 117	City Trevose Trevose  Trevose  City	State PA  PA  State	Zip 19053  d partnership in 19053  Zip	County Bucks County this Commonwealth is Bucks

Dept. 01 State MAY 2 4 2013 4. Strike out if a limited partnership:

Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused this Statement of Change of Registered Office to be signed by a duly authorized officer thereof this
day ofMay
Semrush Inc.
Name of Corporation/Limited Partnership
last-
Signature
CFO
Title

## PENNSYLVANIA DEPARTMENT OF STATE CORPORATION BUREAU

Semrush Inc. Address  8 Neshaminy Interplex, Suite 207  City State Zip Code  Trevose PA 19053	the left.  Commonwealth of Pennsylvania DOMESTIC - CHANGE OF REGISTERED OFFICE 2 Page  T1507041026
8 Neshaminy Interplex, Suite 207 City State Zip Code Trevose PA 19053	Commonwealth of Pennsylvania DOMESTIC - CHANGE OF REGISTERED OFFICE 2 Page T1507041026
Trevose PA 19053	DOMESTIC - CHANGE OF REGISTERED OFFICE 2 Page 15 Page
	T1507041026
370	T1507041026
670	T1507041026
570	
In compliance with the requirements of the applicable provisions of	of 15 Pa.C.S. (relating to corporations and uninc
ations), the undersigned corporation or limited partnership, desiring to e	effect a change of registered office, hereby states
anons), are anatorighted to permanent manual parameter,	
1. The name is:	
Semrush Inc.	
	4
	h or (b) name of its commercial registered
<ol> <li>The (a) address of its initial registered office in this Commonwealth office provider and the county of venue is:</li> </ol>	h or (b) name of its commercial registered
office provider and the county of venue is:	
office provider and the county of venue is:  (a) Number and street City St	State Zip County
office provider and the county of venue is:  (a) Number and street City St	State Zip County
office provider and the county of venue is:  (a) Number and street City St 8 Neshaminy Interplex, Suite 117 Trevose PA	State Zip County PA 19053 Bucks
office provider and the county of venue is:  (a) Number and street City St 8 Neshaminy Interplex, Suite 117 Trevose PA  (b) Name of Commercial Registered Office Provider	State Zip County
(a) Number and street City St 8 Neshaminy Interplex, Suite 117 Trevose PA	State Zip County PA 19053 Bucks
office provider and the county of venue is:  (a) Number and street City St 8 Neshaminy Interplex, Suite 117 Trevose PA  (b) Name of Commercial Registered Office Provider	State Zip County PA 19053 Bucks
office provider and the county of venue is:  (a) Number and street City St 8 Neshaminy Interplex, Suite 117 Trevose PA  (b) Name of Commercial Registered Office Provider	State Zip County PA 19053 Bucks
office provider and the county of venue is:  (a) Number and street City St 8 Neshaminy Interplex, Suite 117 Trevose PA  (b) Name of Commercial Registered Office Provider c/o:	State Zip County PA 19053 Bucks
office provider and the county of venue is:  (a) Number and street City St 8 Neshaminy Interplex, Suite 117 Trevose PA  (b) Name of Commercial Registered Office Provider	State Zip County PA 19053 Bucks
office provider and the county of venue is:  (a) Number and street City St 8 Neshaminy Interplex, Suite 117 Trevose PA  (b) Name of Commercial Registered Office Provider c/o:  3. Complete part (a) or (b):	State Zip County PA 19053 Bucks  County
office provider and the county of venue is:  (a) Number and street City St 8 Neshaminy Interplex, Suite 117 Trevose PA  (b) Name of Commercial Registered Office Provider c/o:	State Zip County PA 19053 Bucks  County
office provider and the county of venue is:  (a) Number and street City St 8 Neshaminy Interplex, Suite 117 Trevose PA  (b) Name of Commercial Registered Office Provider c/o:  3. Complete part (a) or (b):  (a) The address to which the registered office of the corporation or 1 to be changed is:	State Zip County PA 19053 Bucks  County  climited partnership in this Commonwealth is
office provider and the county of venue is:  (a) Number and street City St 8 Neshaminy Interplex, Suite 117 Trevose PA  (b) Name of Commercial Registered Office Provider c/o:  3. Complete part (a) or (b):  (a) The address to which the registered office of the corporation or 1	State Zip County PA 19053 Bucks  County  Climited partnership in this Commonwealth is A 19053 Bucks

PA DEPT. OF STATE
MAR 0 9 2015

4. Strike out if a limited partnership:

Such change was authorized by the Board of Directors of the corporation.

IN TESTIMONY WHEREOF, the undersigned has caused
this Statement of Change of Registered Office to be signed by a duly authorized officer thereof this
19273
5th day of March , 2015.
Semrush Inc.
Name of Corporation/Limited Partnership
Mal
Signature
Title