230 Florida Department of Clase Diffion of Copordins Meetrodie rling cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000102175 3)))



H0300010211534H057

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: benjamin.abbott-molina@motorolasolutions.com

FOREIGN PROFIT/NONPROFIT CORPORATION ENVYSION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	S78.75

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.

(State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607 1502, F.S., to determine penalty liability) 100 Superior Plaza Way, Stc. 260, Superior, CO 80027 (Principal office street address) Attn: MSI Tay Dept. 506 W Monroe Street, Chicago, IL 60661 (Current mailing address, if different) Name: Of T Corporation System Tiec Address: 1200 South Pine Island Road Plantation Florida 33324 (City) (City) (City) (City code) Table (City code) (City code)	(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)
Ozio1/2006 5 Perpetual	Delaware			
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Plorida, if prior to registration) (SEE SECTIONS 607,1501 & 607 1502, E.S., to determine penalty liability) 100 Superior Plaza Way, Stc. 260, Superior, CO 80027 (Principal office street address) Attn: MSFTax Dept., 500 W Monroe Street, Chicago, IL 60661 (Current mailing address, if different) Name: CT Corporation System Plantation 1200 South Pine Island Road Plantation Florida 33324 (City) (City) (Carporation, if other than perpetual) (Date of duration, if other than perpetual) (See Sections) (Posterior Plaza Variation) (Principal office street address) Attn: MSFTax Dept., 500 W Monroe Street, Chicago, IL 60661 (Current mailing address, if different)	(State or countr	y under the law of which it is incorporated)	(PEI number, if app	slicable)
Comparison Com				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1801 & 607.1502, F.S., to determine penalty liability) 100 Superior Plaza Way, Stc. 260, Superior, CO 80027 (Principal office street address) Attn: MSFTax Dept., 506 W Monrue Street, Chicago, IL 60661 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System Plantation Plantation Florida 33324 (City) (City) (City) C T Corporation System Florida 33324 (Zip code)	(Date	of incorporation)	(Date of duration, if other t	han perpetual)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 100 Superior Plaza Way, Stc. 260, Superior, CO 80027 (Principal office street address) Attn: MSI Tax Dept. 500 W Monrae Street, Chicago, IL 60661 (Current mailting address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation Plantation Florida 33324 (City)	Upon Qualifica			
100 Superior Plaza Way, Stc. 260, Superior, CO 80027 (Principal office street address)				v)
(Principal office street address) Attn: MSETEX Dept., 500 W Monroe Street, Chicago, IL 60661 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Plantation Plantation Florida 33324 (City) (Zip code) Page 1200 South Pine Island Road (City)		·		•
Name: CT Corporation System Plantation Plantation	100 Superior Pla		co street address)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation (City) (City) (City) (City code) (City code) (City code)		(Tillegar viiv	CC MANY MINES	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System 1200 South Pine Island Road	Attn: MSI Tax D	lent., 500 W. Monroe Street, Chicago, IL 60661		
Name: CT Corporation System ST R R R R R R R R R R R R R R R R R R		II months	and American Will Property	
Name: CT Corporation System ST R R R R R R R R R R R R R R R R R R		(Current mailin	g address, if different)	
1200 South Pine Island Road	Nines and otox	(Current mailin	g address, if different)	
Plantation . Florida 33324	Name and stre	(Current mailin et address of Florida registered agent: (P.C	g address, if different)	c 16
Plantation . Florida 33324	-	(Current mailin et address of Florida registered agent: (P.C	g address, if different)	14.3 5.707
(City) (Zip code)	Name:	(Current mailin et address of Florida registered agent: (P.C.) C.T. Corporation System	g address, if different)	LULO HAR
· o	Name:	(Current mailinet address of Florida registered agent: (P.C.) C.T. Corporation System 1200 South Pine Island Road	g address, if different) D. Box <u>NOT</u> acceptable)	MAIL HA
Registered agent's accentance:	Name:	(Current mailing) et address of Florida registered agent: (P.C. C.T. Corporation System 1200 South Pine Island Road Plantation	g address, if different) D. Box NOT acceptable) Florida 33324	HAR 24
	Name:	(Current mailing) et address of Florida registered agent: (P.C. C.T. Corporation System 1200 South Pine Island Road Plantation	g address, if different) D. Box NOT acceptable) Florida 33324	HAR 24 AM
	Name: Tice Address: Registered ag	(Current mailing) et address of Florida registered agent: (P.C. C.T. Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: med as registered agent and to accept services.	g address, if different) D. Box NOT acceptable) Florida 33324 (Zip code) ce of process for the above stated	HAR 24 AM 5: Corporation at Corporation
	Name: Tice Address: Registered agaving been nanesignated in this	(Current mailing) et address of Florida registered agent: (P.C. C.T. Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appoints	g address, if different) D. Box. NOT acceptable) Florida \frac{33324}{(Zip code)} ce of process for the above stated near as registered agent and agree	HAR 24 AM 5: Corporation at Corporation this capacito this capacito this capacito the capacito t
esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capac arther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	Name: ffice Address: Registered ag aving been nan esignated in this arther agree to c	(Current mailing the address of Florida registered agent: (P.C. C.T. Corporation System) 1200 South Pine Island Road Plantation (City) ent's acceptance: The description and to accept service application, I hereby accept the appointmentally with the provisions of all statutes research.	g address, if different) D. Box NOT acceptable) Florida [33324] (Zip code) ce of process for the above stated ment as registered agent and agreelative to the proper and complete	HAR 24 AM 5: Corporation at Corporation this capacito this capacito this capacito the capacito t
	Name: Office Address: Registered ag Aving been nan esignated in this arther agree to c	(Current mailing the address of Florida registered agent: (P.C. C.T. Corporation System) 1200 South Pine Island Road Plantation (City) ent's acceptance: The description and to accept service application, I hereby accept the appointmentally with the provisions of all statutes research.	g address, if different) D. Box NOT acceptable) Florida [33324] (Zip code) ce of process for the above stated ment as registered agent and agreelative to the proper and complete	HAR 24 AM 5: Corporation at Corporation this capacito this capacito this capacito the capacito t
irther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	Name: Office Address: Registered aglaving been nanesignated in this arther agree to contribute the contribute of the c	(Current mailing) et address of Florida registered agent: (P.C. C.T. Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment of all statutes research and accept the obligations of my possible and accept the obligations of my possible and accept the obligations of my possible accept the accept the obligations of my possible accept the accept the accept the obligations of my possible accept the	g address, if different) D. Box NOT acceptable) Florida [33324] (Zip code) ce of process for the above stated ment as registered agent and agreelative to the proper and complete	HAR 24 AM 5: Corporation at Corporation this capacito this capacito this capacito the capacito t
orther agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	Name: Office Address: Registered ag Having been nan lesignated in this urther agree to cond and I am familia.	(Current mailing) et address of Florida registered agent: (P.C. C.T. Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointmentally with the provisions of all statutes registered accept the obligations of my portion of the comply with and accept the obligations of my portions.	g address, if different) D. Box NOT acceptable) Florida [33324] (Zip code) ce of process for the above stated ment as registered agent and agreelative to the proper and complete	HAR 24 AM 5: Corporation at Corporation this capacito this capacito this capacito the capacito t

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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2023-03-24 08:58:55 EDT

15185141282

From: Jennifer Carey

$\mathbf{A},\ \mathbf{DIRECTORS}$							
□Chairman	Name: Jason Winkfer	□Chairman	Name: Katherine A. Maher				
□Vice Chairman	Address: 500 W Monroe Street	□Vice Chairman	Address: 500 W Monroe Street				
□Director	Chicago, IL 50661	⊡ Ditector	Chicago, IL 60561				
□President		□President					
□Vice President		■Vice President					
☐Secretary	∏T:easurer	☐ Secretary	[] Treastuer				
⊠Other <u>CEO</u>	□ Other	∏Other	GOther				
□Chai::na::	Name: John (Jack) Molloy	□Chairman	Name. Kristin Kruska				
□Vice Chairman	Address: 500 W Monroe Street	⊡Vice Chairman	Address. 500 W Monroe Street				
□Director	Chicago, II. 60661	□Duector	Chicago, IL 60661				
■President		⊕President					
□Vice President		□Vice President					
Secretary	[]Treasmer	© Secretary	Treasurei				
□Other	□ Other	□Other	[]Other				
Chairman	Name Uygai Gazioglu	□Chairman	Name: Helen Carlier				
□Vice Chairman	Address: 500 W Monroe Street	□Vice Chamman	Address 500 W Monroe Street				
∐Director	Chicago, IL 60661	⊡ Director	Chicago, IL 60661				
□President		⊕President					
☑Vice President		□Vice President					
☐ Secretary	⊞ Treasmer	☐ Secretory	∐Tteasmer				
□Othet	□ Other	Other Assistant	Secretary Tax Office				
SEE ATTACHMENT Important Notice Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form 12. 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 \$817.155, F.S.

13. Kristin Kruska, Secretary

(Typed or printed name and capacity of person signing application)

To: Page: 6 of 7 2023-03-24 08:58:55 EDT 15185141282 From: Jennifer Carey

Attachment to Florida Officers & Directors

1 Full Name: Mark Hacker Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 500 W Monroe Street

City: Chicago State: IL ZIP Code: 60661



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ENVYSION, 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 SIXTEENTH DAY OF MARCH, 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.



Jeffrey W. Muklick, Secretary of State

Authentication: 202934913