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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: managedreports@incorp.com

### Foreign Limited Liability Company INTELLISOURCE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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#### (H22000394865 3)

#### COVER LETTER

TO:	Registration Section Division of Corporations					
ci in i	INTELLISOURCE, LLC					
SUBJECT:Name of Limited Liability Company						
The er Existe	nclosed "Application by Foreign Limited Liability Company for Authorization to Tince, and check are submitted to register the above referenced foreign limited liability.	ransact Business in Florida," Certificate of ty company to transact business in Florida				
Piease	return all correspondence concerning this matter to the following:					
	Jaycie Howard					
	Name of Person					
	InCorp Services, Inc.					
	Firm/Company	***************************************				
	3773 Howard Hughes Parkway, Suite 500S					
	Address					
Las Vegas, Nevada 89169-6014						
	City/State and Zip Code	:2				
	managedreports@incorp.com	-				
	E-mail address: (to be used for future annual report no	otification)				
For fu	orther information concerning this matter, please call:	·· 				
Já	aycie Howard on behalf of InCorp Services, Inc. $_{\mathfrak{st}}$ (702) 866 - 250	0				
		ytime Telephone Number				
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallaha					
	Tallahassee, FL 32314  Tallahassee, FL 3230  Tallahassee, FL 3230	et, Suite 810				
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\times\$ \$\tim	€ ☐ \$160.00 Filing Fee, Certificate				

Certificate of Status

Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

i. INTELLISOURCE,	LLC .imited Liability Company; must include "Limite	J. Jahilin	Company ""   C " or " [[C"]	
('amme en Erneifher	annied Lisethly Company, mass include Linix	a camini,	Company, Econy of Company	
(fr'name teravailable, enter alternate in	ome adopted for the purpose of transacting business in Fi	lozida. The	olierrate name must include "Lamited Liability Comp	any," "L.L.C," or "U.C."
2. Colorado	nich foreign limited liability company is (rignozed)	3.	84-1508864 (FEI number, if applical	ble)
galaction between an ex-				
4. Upon Registration	(Date first massacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	()	
5 1899 Wynkoop Stree			1899 Wynkoop Street	
(Street Address of Principal Office)		٠.	(Mailing Address)	~ 1
Denver, CO 80202			Denver, CO 80202	, ;
				69
7. Name and street addres	s of Florida registered agent: (P.O. Box	C <u>NOT</u> :	acceptable)	÷.
Name:	InCorp Services, Inc.		**********	<u>ن</u> .
Office Address:	17888 67th Court North	·· <del>·</del>		
	Loxahatchee		, Florida <u>33470</u>	
	(Ciry)		(7 φ code)	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Isabel Burgos on behalf of Incorp Services, Inc.
(Registered agent's signature)

#### (H22000394865 3)

8.	For initial indexing purposes,	list names,	title or capacity ar	id addresses o	of the primary	members/managers or	persons authorized to
m	inage [up to.six (6) total]:						

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Robyn Donahue	□Manager	Name:	
⊡Member	Address: 1899 Wynkoop Street	□Member	Address:	
□Authorized	Denver, CO 80202	□Authorized		
Person		Person		
□Other	□Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	[]Other	Other	<del></del>	□Other
				2.7
□Manager	Name:	[]Manager	Name:	<del></del>
□Member	Address:	☐Member	Address:	<del>-</del>
Authorized		_ □Authorized		· 
Person		Person	<del></del>	
□Other	□Other	Other	<del></del> -	Other

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.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

	My P. Draden	
<b>L</b>	Signature of an authorized person	
	Robyn Donahue	
	Typest or perment name of signed	

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# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

INTELLISOURCE, LLC

is a

#### Limited Liability Company

formed or registered on 07/22/1999 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19991137593.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/16/2022 that have been posted, and by documents delivered to this office electronically through 11/18/2022 @ 15:18:11.

Thave affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/18/2022 @ 15:18:11 in accordance with applicable law. This certificate is assigned Confirmation Number 14476195



Jena-Yuswall

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.adirodoso.gowibi/Certificate/SearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosoz.gov.click."Businesses, trademarks, trade names" and select "Frequently Asked Questions."