

AUG/01/2018 06:33

F. 001

F18000003560

Florida Department of State
Division of Corporations
Electronic Filing 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.

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : INCORP SERVICES INC
Account Number : I20120003007
Phone : (702) 966-2500
Fax Number : (702) 866-2689

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Intella Triage, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,470.00

2018 AUG -2 AM 9:25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60

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M. MILLIGAN
AUG 06 2018

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FAX No.

F. 002

From: TA:10.55.66.9:38032

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Date: 8/1/2018 9:28:29 AM



August 1, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INCorp SERVICES

SUBJECT: INTELLA TRIAGE, INC.
REF: W18000069917

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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

Octavia L Simmons
Regulatory Specialist III
Registration Section

FAX Aud. #: H18000220077
Letter Number: 018A00015819

P.O. BOX 6327 - Tallahassee, Florida 32314

H180002200773

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intella Trlage, 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:

Brittney Winder

Name of Person
InCorp Services, Inc.

Firm/Company
3773 Howard Hughes Pkwy Suite 500S

Address
Las Vegas, NV 89169

City/State and Zip code
documents@incorp.com

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

For further information concerning this matter, please call:

Brittney Winder on behalf of InCorp Services, Inc. at (800) 246-2677
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.

1. Intella Triage, Inc.
(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. Virginia 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/03/2008 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. 09/17/2012
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 781 S. Midlothian Rd #314, Mundelein, IL 60060
(Principal office address)
- _____
(Current mailing address, if different)

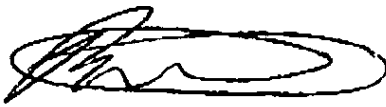
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

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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.



Brittney Winder on behalf of InCorp Services, Inc.

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Susan Meschbach

Address: 1225 Rosgers CT

Lake Zurich, IL 60047

Director: _____

Address: _____

B. OFFICERS

President: Susan Meschbach

Address: 1225 Rosgers CT

Lake Zurich, IL 60047

Vice President: _____

Address: _____

Secretary: David Rodriguez

Address: 3544 Rr 620 South Apt. # 1302, bee cave, TX 78738

Treasurer: _____

Address: _____

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

12. ✓ Susan Meschbach
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. Susan Meschbach, President

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

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Intella Triage, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is December 3, 2008;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
July 9, 2018*

Joel H. Peck

Joel H. Peck, Clerk of the Commission