

Florida Department of State
Division of Corporations
F2300000602

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) 617-6393

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (854) 209-0845
Fax Number : (814) 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: US-Accounting@ISpatial.com

12:41 2023

FOREIGN PROFIT/NONPROFIT CORPORATION

ISpatial Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

2023 FEB -1 PM 2:52

APPROVED AND FILED

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. ISpatial Inc.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

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

2. DE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/10/1990 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 8614 WESTWOOD CENTER DR SUITE 350 VIENNA, VA 22182
(Principal office street address)

(Current mailing address, if different)

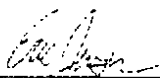
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation FL 33324
(City) (Zip code)

2023 FEB - 1 PM 2:52
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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.

C T Corporation System
By:  Eric Jensen, Assistant Secretary
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Sherla Steffenson
 Vice Chairman Address: 8614 Westwood Center Dr., Suite 350, Vienna, VA, 22182
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other CFO Other _____

Chairman Name: Jennifer Whitney
 Vice Chairman Address: 8614 Westwood Center Dr., Suite 350, Vienna, VA, 22182
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other CFO Other _____

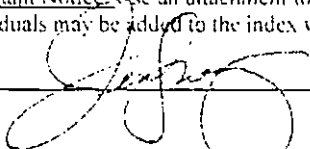
Chairman Name: Jennifer Whitney
 Vice Chairman Address: 8614 Westwood Center Dr., Suite 350, Vienna, VA, 22182
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Kevin Stewart
 Vice Chairman Address: 8614 Westwood Center Dr., Suite 350, Vienna, VA, 22182
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other CFO Other _____

Chairman Name: Kevin Stewart
 Vice Chairman Address: 8614 Westwood Center Dr., Suite 350, Vienna, VA, 22182
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Michael Martin
 Vice Chairman Address: 8614 Westwood Center Dr., Suite 350, Vienna, VA, 22182
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ 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.

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 s.817.155, F.S.

13. Jennifer Whitney, CFO
(Typed or printed name and capacity of person signing application)

1. Director(s):

A. Sheila Steffenson - 8614 Westwood Center Dr., Suite 350, Vienna, VA,
22182.

B. Claire Millverton - 8614 Westwood Center Dr., Suite 350, Vienna, VA, 22182.

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1SPATIAL 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 TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2022.

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. Bullock, Secretary of State

2240729 8300

SR# 20224383936

You may verify this certificate online at: corp.delaware.gov/authver.shtml

Authentication: 205196248

Date: 12-28-22