## F23000005151

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W23000120950			

Office Use Only



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SECRETARY OF STATE

2023 SEP -6 PM 3: 3

RECEIVED



September 7, 2023

CSC

SUBJECT: AUNALYTICS, INC Ref. Number: W23000120950

We have received your document for AUNALYTICS, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is not enough money for this file. It needs \$537.50.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 323A00020575

Andrea Andrews Regulatory Specialist II

www.sunbiz.org

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 09/06/23 Order #: 1261459-1 Re: Aunalytics, Inc.

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$600.00 - FL State Account Number: soul Renan

120000000195

AUTH

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## 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.

Aunalytics, In	nc.		
(Enter name o "Inc.," "Co.,"	of corporation; must include "INCORPOR" ("Corp," "Inc," "Co," or "Corp.")	RATED," "COMPANY," "CORPORATION,	,,
(If name unav	ailable in Florida, enter alternate corporat	te name adopted for the purpose of transacting	business in Florida)
Delaware 2.	3. 45-3679420		
	ntry under the law of which it is incorpor	rated) (FEI number, if app	licable)
4. 10/21/2011		5.	
4			an perpetual)
6. 01/01/2020			
		usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability	·)
7. 460 Stull St. S	TE 100 South Bend, IN 46601		
	(Princ	cipal office <u>street</u> address)	
			S 20
	(Currer	nt mailing address, if different)	70 3 T
0.31		(2)	THE P
8. Name and sti	reet address of Florida registered ager	nt: (P.O. Box <u>NOT</u> acceptable)	HRY 6
Name:	Corporation Service Company		29 E
Office Address:	1201 Hays Street		AH 9: 54
Office Address.	Tallahassee	Florida 32301	PATE ST
	(City)	(Zip code)	•
Having been na designated in th further agree to	is application, I hereby accept the application, I hereby accept the applications of all states with and accept the obligations of Corporation Service Company  By:	fling Bahrer Assistant Vice President	to act in this capacity.
	(Registered ag	gent's signature)	

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

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 the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	•				
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address: 460 Stull St		
□Director	STE 100	□Director	STE 100		
□President	South Bend, IN 46601	President	South Bend, IN 46601		
□Vice President		□Vice President			
Secretary	□Treasurer	☐ Secretary	□Treasurer		
Other CEO	Other	Other	Other		
□Chairman	Name:	□Chairman	Name: Marian Hodges		
□Vice Chairman	Address:	□ Vice Chairman	460 Stull St		
□Director	STE 100	□Director	STE 100		
□President	South Bend, IN 46601	□President	South Bend, IN 46601		
□Vice President		□Vice President			
□Secretary	□Treasurer	Secretary	□Treasurer		
Other	oce Other	□Other	Other		
		_			
□Chaiлnan	Name:	□Chairman	Name:		
□Vice Chairman	Address:	☐ Vice Chairman	Address:		
Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	□Secretary	□Treasurer		
□Other	Other	□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. Kyle Urtel					

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

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AUNALYTICS, 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-NINTH DAY OF AUGUST, 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 SAID "AUNALYTICS,

INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D.

2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

TAYS OF THE PARTY OF THE PARTY

Authentication: 204057567

Date: 08-29-23

5055368 8300 SR# 20233367315