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| Special Instructions to F | iling Officer: | |
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Office Use Only



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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

06/16/2025

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| Name: | Ansys Go | overnment Initiatives, Ll | LC |
| Document #: | | | |
| Order #: | 16302627 | , | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | | | |
| Apostille/Notarial Certification: | | Country of Destination: Number of Certs: | |
| Filing: 🗸 | Certific Plain: COGS: | | Email Address for Annual Report Notification |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amoui | nt:\$ 155.00 | |

Thank you!

COVER LETTER

| | Registration Section Division of Corporations | | | | |
|---|--|---|--|--|--|
| SUBJEC | Ansys Government Initiatives, LLC | | | | |
| 3010170 | Namo | Name of Limited Liability Company | | | |
| The enclo Existence | osed "Application by Foreign Limited Liability Co., and check are submitted to register the above | Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida | | | |
| Please ret | turn all correspondence concerning this matter to | o the following: | | | |
| | Alice Kunkel | | | | |
| | | Name of Person | | | |
| | ANSYS, Inc. | | | | |
| | | Firm/Company | | | |
| | 2600 Ansys Drive | | | | |
| | | Address | | | |
| | Canonsburg, PA 15317 | | | | |
| | C | ity/State and Zip Code | | | |
| | alice.kunkel@ansys.com | | | | |
| | E-mail address: (to be | used for future annual report notification) | | | |
| For furth | er information concerning this matter, please ca | 11: | | | |
| | Alice Kunkel | 844 462-6797 at (| | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | |
| | Mailing Address: | Street Address: Registration Section | | | |
| Registration Section Division of Corporations | | Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI \$125.00 Filing Fee \$130.00 Filing Fee Certificate | ee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate | | | |

Ansys Government Initiatives, LLC

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| ame unavailable, enter alternate r Pennsylvania | name adopted for the purpose of transacting business in Florida. | . The alternat | e name must include "Limited Li | ability Company," | '"L.L.C," | or "LI.C. |
|--|--|---------------------|---|---|-------------|--------------|
| • | hich foreign limited liability company is organized) | 3 | (FF) much | er, if applicable) | | |
| (Markaterion ander the law of w | men toreign minica habitity company is a game eas | | (1.1.11211111 | ··· ·· - ₁ | | |
| 12/31/2024 | | | | | | |
| | (Date first transacted business in Florida, if prior to regist (See sections 605.0904 & 605.0905, F.S. to determine pe | tration) | <u> </u> | | | |
| | | | | | | |
| 220 Valley Creek Blvo | 1 | Sam 6. | e as principal office add | iress | | |
| et Address of Principal Office) | | - | (Mailing Address) | | | |
| Exton, PA 19341 | | | | | | |
| | | | <u>.</u> | | | |
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| | | | | | 2(| _ |
| Name and street addres | ss of Florida registered agent: (P.O. Box <u>N</u> O | <u>ЭТ</u> ассер | table) | | 2025 | |
| Name and street address | ss of Florida registered agent: (P.O. Box <u>N</u> O | <u>ЭТ</u> ассер | table) | : * . | 2025 JUF | |
| | of Florida registered agent: (P.O. Box <u>No</u> C T Corporation System | <u></u> ассер | table) | : • • • • • • • • • • • • • • • • • • • | 2025 JUH 1 | |
| Name and <u>street addres</u> Name: | | OT accep | table) | 14. 1. (1) 1. (2) 1. (2) 1. (3) 1. (4) 1. (4) | 9 | |
| Name: | | OT accep | table) | 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 9 | FILED |
| | C T Corporation System | OT accep | table) | | H4 91 | FILED |
| Name: | C T Corporation System 1200 South Pine Island Road | OT accep | | | 16 PH 2: 4 | FILED |
| Name: | C T Corporation System 1200 South Pine Island Road Plantation | OT accep | | # | H4 91 | FILED |
| Name: | C T Corporation System 1200 South Pine Island Road | OT accep | | # 1 | 16 PH 2: 4 | FILED |
| Name: Office Address: zistered agent's accep | C T Corporation System 1200 South Pine Island Road Plantation (City) | | Florida (Zip code) | 1 | 16 PH 2: 48 | FILED |
| Name: Office Address: gistered agent's acceptions been named as re | C T Corporation System 1200 South Pine Island Road Plantation (Cny) Stance: Egistered agent and to accept service of proc | ess for th | , Florida | liability com | 16 PH 2: 48 | t the p |
| Name: Office Address: gistered agent's acceptions been named as reignated in this applica | C T Corporation System 1200 South Pine Island Road Plantation (Cny) stance: egistered agent and to accept service of procession, I hereby accept the appointment as re- | vess for th | 33324 Florida(Zip code) he above stated limited agent and agree to act i | n this capac | 16 PH 2: L8 | urthei |
| Name: Office Address: gistered agent's accepting been named as resignated in this applicationally with the provise | C T Corporation System 1200 South Pine Island Road Plantation (Cny) Stance: Egistered agent and to accept service of proc | vess for th | 33324 Florida(Zip code) he above stated limited agent and agree to act i | n this capac | 16 PH 2: L8 | urther |
| Name: Office Address: gistered agent's acceptiving been named as resignated in this applicationally with the provise | C T Corporation System 1200 South Pine Island Road Plantation (Cny) Stance: registered agent and to accept service of procestion, I hereby accept the appointment as regions of all statutes relative to the proper and | ess for the | 33324 Florida(Zip code) he above stated limited agent and agree to act i | n this capac luties, and I | 16 PH 2: L8 | urther |

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

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|---------------------------|--------------------|---------------------------|
| ⊠Manager | Name: Rachel Pyles | M anager | Name: |
| □Member | Address: 2600 Ansys Drive | □Member | Address: 2600 Ansys Drive |
| □Authorized | Canonsburg, PA 15317 | □Authorized | Canonsburg, PA 15317 |
| Person | | Person | |
| □Other | Other | □Other | Other |
| ■Manager | Name: Walt Hearn | ⊠Manager | Name: Shane Emswiter |
| □Member | Address: 2600 Ansys Drive | □Member | Address: 2600 Ansys Drive |
| □Authorized | Canonsburg, PA 15317 | □Authorized | Canonsburg, PA 15317 |
| Person | | Person | |
| □Other | Other | □Other | Other |
| ⊒Manager | Name:Ron Vassel | □Manager | Jennifer Gerchow |
| ⊒Member | Address: 2600 Ansys Drive | □Member | Address: 2600 Ansys Drive |
| □Authorized | Canonsburg, PA 15317 | □Authorized | Canonsburg, PA 15317 |
| Person | | Person | |
| Secretary 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.

- 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.

| | Signed by | |
|------------|---------------------------------------|--|
| | Ron Vassel | |
| | Signature of an authorized person | |
| | cognitions of me notification per for | |
| Ron Vassel | | |
| ROH Vasser | | |
| | To not as existed name of signer | |

Ansys Government Initiatives, LLC

List of Member Managers

| Rachel Pyles | 2600 Ansys Drive, Canonsburg, PA 15317 |
|------------------|---|
| Walt Hearn | 2600 Ansys Drive, Canonsburg, PA 15317 |
| Andy Kincheloe | 2600 Ansys Drive, Canonsburg, PA 15317 |
| Renee DeMay | 2600 Ansys Drive, Canonsburg, PA 15317 |
| Janet Lee | 2600 Ansys Drive, Canonsburg, PA 15317 |
| Shane Emswiler | 2600 Ansys Drive, Canonsburg, PA 15317 |
| Kathleen Weslock | 2600 Ansys Drive, Canonsburg, PA 15317 |
| Kevin Flood | 220 Valley Creek Blvd., Exton, PA 19341 |

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding:

Ansys Government Initiatives, LLC

Request Type:

Subsistence Certificate

Issuance Date: May 22, 2025

0001075162

Request No.:

057098933

File No.:

Receipt No.: 001705506

Filing Type:

Domestic Limited Liability

Company

Filing Subtype:

Limited Liability Company

Initial Filing Date: January 18, 1989

Status:

Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Ansys Government Initiatives, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth

Men Suhm

Verify this certificate online at www.file.dos.pa.gov