

F140000000811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

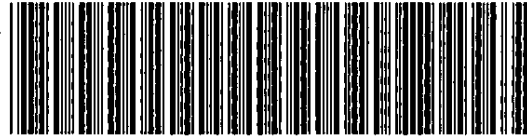
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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500255861525

01/27/14--01048--016 **78.75

FILED
14 FEB 19 AM 7:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-6985

FEB 24 2014

J. BRYAN

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Intelisolutions 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:

Alice Lekht

Name of Person

Firm/Company

10295 Collins Ave Suite 804

Address

Miami Beach, FL 33154

City/State and Zip code

ABERLIN@INTELISOLUTIONS.US.COM

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

For further information concerning this matter, please call:

Alice Lekht

Name of Person

at (201) 289 6863

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2014

ALICE LEKHT
10295 COLLINS AVE SUITE 804
MIAMI BEACH, FL 33154

SUBJECT: INTELISOLUTIONS INC.
Ref. Number: W14000006985

RECEIVED
14 FEB 18 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for INTELISOLUTIONS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is #L06000111767, INTELISOLUTIONS, LLC.

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) 245-6052.

Joey Bryan
Regulatory Specialist II Supervisor

Letter Number: 014A00002391

FILED
14 FEB 19 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Intelisolutions Inc.

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

InteliTech Inc.

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

2. New Jersey

(State or country under the law of which it is incorporated)

3. 04-3607248

(FEI number, if applicable)

4. 02/15/2001

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "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. 10295 Collins Ave Suite 804, Miami Beach, FL 33154

(Principal office address)

10295 Collins Ave Suite 804, Miami Beach, FL 33154

(Current mailing address)

8. Software Development

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Alice Lekht

Office Address: 10295 Collins Ave Suite 804

Miami Beach

(City)

33154

(Zip code)

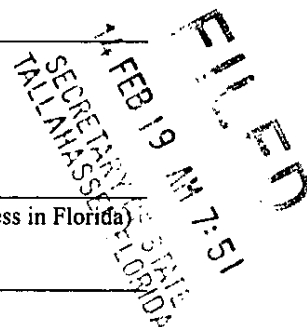
10. **Registered agent's acceptance:**

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.

Alice Lekht

(Registered agent's signature)

11. 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.



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

A. DIRECTORS

Chairman: Alice Lekht

Address: 10295 Collins Ave Suite 804
Miami Beach, FL 33154

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alice Lekht

Address: 10295 Collins Ave Suite 804
Miami Beach, FL 33154

Vice President: _____

Address: _____

Secretary: Alice Lekht

Address: 10295 Collins Ave Suite 804 Miami Beach, FL 33154

Treasurer: _____

Address: _____

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

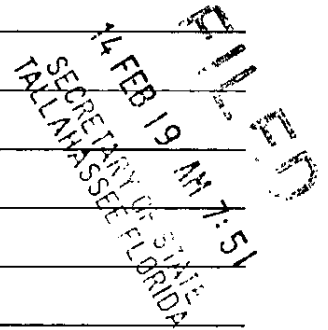
13. Alice Lekht

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Alice Lekht

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



**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING**

INTELISOLUTIONS, INC.

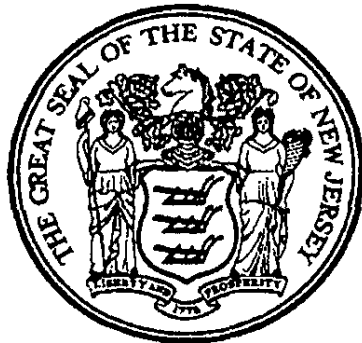
0100842548

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on February 15, 2001.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

*Michael Beck
200 Central Avenue
Suite 102
Mountainside, NJ 07092*



Certificate Number: 130653176

Verify this certificate online at

http://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
27th day of December, 2013*

*Andrew P Sidamon-Eristoff
State Treasurer*