## F15000003348

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ви	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2015 JUL 29 PM 1: 24

JUL 3 0 2015 Y SULKER INTRALOGIC COLUTIONS ATTN MATT CARRIQUE 504 HICKSVILLE RD MASSAPEQUA NY 11758

CUST REF: MAIL

Enclosed is the information you requested. Your payment of \$50.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.

## **COVER LETTER**

	New Filing Division of						
SUBJE	14		ic Solutions	lnc.			
SODJE	C1				- must include suffix	-	
Dear Sir	or Madam	<u> </u>					
"Certifica	ate of Exis	tence,"	by Foreign Corporation "Certificate of Goo or "Certificate of Goo orporation to transact	d Star	Authorization to Transading" and check are su ss in Florida.	act B bmitt	usiness in Florida," ted to register the
	turn all coi Mande		lence concerning this	matte	to the following:		
			Nar	ne of	Person		
Intrai	ogic S	oluti	ons Inc				
		-		n/Com	pany		
504 F	Hicksvi	lle R	oad				
Mass	apequ	a, N	Y 11758	Addre	ess		
			City/S	tate a	nd Zip code		·
LeeM	@intral		solutions.com				
		!	E-mail address: (to be	used f	or future annual report	notif	ication)
For furthe	er informat	ion con	cerning this matter, pl	ease c	all:		
Lee N	/lande	+	at (5	16	799-7061		
<u> </u>	Name of Pe	rson		Area (	Code & Daytime Teleph	one	Number
N D C 20	TREET/C lew Filing Division of Elifton Buil 661 Execut fallahassee,	Section Corpora ding ive Cer	ter Circle		MAILING A New Filing Se Division of Ce P.O. Box 632 Tallahassee, F	ection orpor 7	n rations
Enclosed	is a check	for the	ollowing amount:				
<b>5</b> \$70.00	) Filing Fee	: <b>□</b>	\$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.

Intralogic	c Inc.				
If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ness in Florida)		
New Yor	k 3.	201681666			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)			
Septemb	per 2004 <sub>5.</sub>	Perpetual			
· ·	of incorporation)	(Duration: Year corp. will cease to exist of	or "perpetual")		
N/A					
504 Hicks			2015 JUL 2		
504 Hicks	ville Road, Massapequa, N	7 11795	29 ARY 1586		
Name and <u>stre</u>	(Current mailing add et address of Florida registered agent: (P. Lee Mandel	·	E STATE FLORIDA		
ice Address:	500 East Broward Blvd, Suite 1	710			
	Fort Lauderdale	 , <sub>Florida</sub> 33394			

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.

(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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Lee Mandel Address: 504 Hicksville Rd, Massapequa, NY 11795 Vice Chairman: Address: \_\_\_ **B. OFFICERS** President: Lee Mandel Address: 504 Hicksville Rd, Massapequa, NY 11795 Vice President: Address: \_\_ Secretary: \_ Address: Treasurer: Address: \_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. 13. Lee Mandel - CEO

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of INTRALOGIC SOLUTIONS INC. was filed on 09/22/2004, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of July two thousand and fifteen.

Executive Deputy Secretary of State

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