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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ITUNNEL INC			
50.50		corporation -	must include suffix	
Dear Si	r or Madam:			
"Certifi	closed "Application by Foreign Corcate of Existence," or "Certificate of Eferenced foreign corporation to tra	of Good Stand	ing" and check are subn	
	return all correspondence concernin IER MARSH	g this matter t	o the following:	
		Name of Po	erson	
ITUNN	EL INC			
		Firm/Comp	nny	· · · · · · · · · · · · · · · · · · ·
1301 RI	VERPLACE BLVD, SUITE 800			
		Address	3	
JACKS	ONVILLE, FLORIDA 32207			
		City/State and	Zip code	
HIVOR	Y@ITUNNELINC.COM			
	E-mail address:	(to be used for	future annual report no	tification)
For furt	her information concerning this ma	tter, please cal	ł:	
		614	937-6009	
	Name of Person	Area Code	Daytime Telepho	one Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
Enclose	d is a check for the following amou	nt:		
5 70.	00 Filing Fee		\$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.

ITUNNEL INC			
(Enter name of c	orporation; must include "INCORPORATED," "(forp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Flor	
OHIO 45		5-5509166	
06/08/2012	y under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	c of incorporation) 5.	(Date of duration, if other than perpetual)	
175 S THIRD ST	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502, SUITE 200, COLUMBUS, OHIO 43215	orida, if prior to registration) , F.S., to determine penalty liability)	
-	(Principal o	office address)	
	(Current mailing a	ddress, if different) Box NOT acceptable)	
Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	
Name:	HEATHER MARSH	드 -	
ffice Address:	1301 RIVERPLACE BLVD, SUITE 800		
	JACKSONVILLE		
	(City)	(Zip code)	

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 HEATHER L. MARSH (PREVIOUSLY IVORY) Chairman: 1857 OSPREY BLUFF BLVD Address: FLEMING ISLAND, FL 32003 Vice Chairman: Address: _ **B. OFFICERS** HEATHER L. MARSH (PREVIOUSLY IVORY) President: 1857 OSPREY BLUFF BLVD Address: FLEMING ISLAND, FL 32003 J. FRED WAGNER Vice President: 1857 OSPREY BLUFF BLVD Address: FLEMING ISLAND, FL 32003 Secretary: Address: _____ NOTE: If peoessary, you may attach an addendum to the application listing additional officers and/or directors. 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. HEATHER L. MARSH (PREVIOUSLY IVORY), PRESIDENT AND CEO

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

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ITUNNEL INC., an Ohio corporation, Charter No. 2114008, having its principal location in Columbus, County of Franklin, was incorporated on June 8, 2012 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of August, A.D. 2017.

Ohio Secretary of State

Validation Number: 201724100376

Ohio Secretary of State Certificate of Good Standing

NoReply@OhioSecretaryofState.gov

□ □ □ □ □ Reply all | ∨

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Tue 8/29/2017 8:43 AM

To: ✓ Heather Marsh (Ivory) 🌣

Inbox

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♠ Salesforce Sandbox LinkedIn QuickTix



Thank you for using the Ohio Secretary of State's Automated Certificate of Good Standing system.

Your Credit Card has been charged for the generation of the Certificate of Good Standing. This email is a confirmation of that credit card charge.

Company Name: ITUNNEL

Authorization Number: 09716D Validation Number: 201724100376 Transaction Number: BT0UFEA6BC79

Transaction Date: 08/29/2017

Total Charge: \$5.00 Type of Card: VISA

Your Certificate of Good standing is available at https://cogs.sos.state.oh.us/GetPDF.aspx? PDF=201724100376