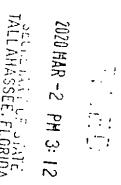
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(Re	questor's Name)			
(Address)				
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(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar			
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Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:	<u>-</u>		

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## **COVER LETTER**

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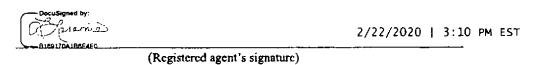
<b>TO:</b> Registration Section Division of Corporati	ons				
SUBJECT: IA9 Inc.					
	Name of corporat	ion - must include suffix			
Dear Sir or Madam:					
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good S	tanding" and check are sub			
Please return all corresponder	nce concerning this ma	tter to the following:			
Fran LeSaffre		Fleshere	Proceedly.com		
	Name	Name of Person FleSaffe (a) cocoeachy.com			
IA9 Inc					
1013 Centre Rd. Suite 403-A (	ynorporated Firm/C	Company Nysical FICR 184 Pleas	ent of Strike 101A		
Wilimington DE 19805	Ac	nethus	en MA 301844		
	City/Stat	e and Zip code	m		
For further information conce			notification) Signature 3: 10 A		
Fran LeSaffre	987 at (	ode Daytime Telep			
Name of Person	Area C	Code Daytime Telep	hone Number		
Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Street	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
_		NT OF STATE  □ \$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.

IA9 Inc.			
(Enter name of corporation; must include "INCORPORATE "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"		
	ne adopted for the purpose of transacting business in Florida)		
Delaware	83-3606947		
(State or country under the law of which it is incorporated)	(FEI number, if applicable)		
February 4, 2019	5.		
(Date of incorporation)	(Date of duration, if other than perpetual)		
(Date first transacted business	s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
•	office street address)		
(Current mai	iling address, if different)		
. Name and street address of Florida registered agent: (F	.9		
Name: Laurie anne			
Office Address: 4861 South	est Cheles Court		
(City)	, Florida <u>3499</u> 7 (Zip code)		
P. 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.



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

A. DIRECTORS	$\alpha$ i $\alpha$					
□Chairman	Name: Blaise Coco	□Chairman	Name:			
□Vice Chairman	Address: 43A Wasdulle RD	□Vice Chairman	Address:			
□Director	Windham, NH 03087	□Director				
President	<u>'</u>	□President	-			
□Vice President		□Vice President	·-			
□Secretary	□Treasurer	Secretary		□Treasurer		
Other	□Other	□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:	202) HAR		
□Director	• • • • • • • • • • • • • • • • • • • •	□Director		HAR -		
□President		□President		$\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}}$		
□Vice President		□Vice President		<u> </u>		
☐ Secretary	□Treasurer	Secretary		Officasure &		
□Other	Other	Other		Other		
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:	<u>.                                    </u>		
□Director		Director				
□President		□President		,		
□Vice President		□Vice President				
Secretary	☐ Treasurer	□ Secretary		□Treasurer		
□Other	Other	□Other		□Other		
Important Notice: individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departmen	hment will be image at of State Annual Re	d for reporting pu eport form.	rposes only. Non-indexed		
12.						
	Signature of Director or ctor signing this document (and who is listed in number also information submitted in a document to the Departm	11 above) affirms the ment of State constitu	ites a third degree	felony as provided for in		
13. Blaise Coco (Typed or printed name and capacity of person signing application)						



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

DELAWARE, DO HEREBY CERTIFY THAT "IA9 INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR

DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FOURTH DAY OF-FEBRUARY,

A.D. 2019, AT 5:43 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTEENTH DAY OF JULY;

A.D. 2019, AT 3:44 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID  $\overline{\omega}$   $\overline{\omega}$  CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "IA9 INC.".

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

OR OF THE PARTY OF

Authentication: 203806900

Date: 10-16-19

7266932 8310

SR# 20197567562
You may verify this certificate online at corp.delaware.gov/authver.shtml