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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: IMPROVI	X TECHNOLOGIES, INC.				
JOBSECT:	Name of corporati	on - must includ	e suffix		
Dear Sir or Madam:					
"Certificate of Existence	on by Foreign Corporation f ," or "Certificate of Good So a corporation to transact busi	tanding" and che			
Please return all correspo	ondence concerning this mat	ter to the follow	ing:		
VALERIA A. ESPINOZA					
	Name	of Person			
CHAWLA AND CHAWL	A PC				
	Firm/C	ompany			
438 N. FREDERICK AVE	STE 400				
-	Ad	dress			
GAITHERSBURG, MD 20	0877				2021
Aneesh.mehta@imp	•	e and Zip code			2020 6:- 17
	E-mail address: (to be use	d for future annu	ial report no	otification)	}
For further information concerning this matter, please call:					11:0:47
Valeria A. Espinoza	at (³⁰¹	977-2481			ယ
Name of Person	Area C	$\frac{1}{\text{ode}} \frac{977-2481}{\text{Dayt}}$	ime Teleph	one Number	_
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for t Please make check payable ☐ \$70.00 Filing Fee	he following amount: to: FLORIDA DEPARTME: \$78.75 Filing Fee & Certificate of Status	NT OF STATE \$78.75 Filin Certified Co	_	S87.50 Fili Certificate Certified C	of Status &

. 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. IMPROVIX TECHNOLOGIES, INC.						
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"				
	• ,					
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting b	usiness in Florida)			
2. VIRGINIA	3.	46-0902205				
	y under the law of which it is incorporated)	(FEI number, if applicable)				
4. 09-12-2012	5.					
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)				
6. August 3rd, 202	0					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liability)				
7. 1768 BUSINESS	CENTER DR SUITE 120 RESTON, VA 20190					
	(Principal office	street address)				
	(Current mailing a	address, if different)				
			702			
3. Name and stre	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	2020 1:13			
 Name and streether. 	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	170707:::17			
Name:	-	Box <u>NOT</u> acceptable)	17 13			
	InCorp Services, Inc. 17888 67th Court North	Box NOT acceptable)	69 11. 11. 11. 61 v3			

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.

Jackie DeFilippis on behalf of InCorp Services, Inc.

(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.

. A. DIPECTÒRS					
□Chairman	Name:	Chairman	Name:		
□Vice Chairman	Address: 6415 19TH STREET NORTH	□Vice Chairman	Address:		
□Director	ARLINGTON, VA 22205	□Director			
President		□President			
□Vice President		□Vice President	_	<u>-</u> -	
□Secretary	Treasurer	☐ Secretary		□Treasurer	
Other	Other	□Other		Other	
□ Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	☐ Vice Chairman	Address:		
□Director		Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
Other	Other	Other		□Other	
□ Chairman	Name:	□ Chairman	Namai	2020 A ¹⁻¹	
		□Vice Chairman			
□ Director	Address:	□ Director	Address.		
□President		□President		9	
□Vice President		□Vice President			
Secretary	□Treasurer	□ Secretary		☐Treasurer	
□Other		□Other		Other	
Important Notice:	Use an attachment to report more than six (6). The added to the index when filing your Florida Depa	attachment will be imaged rtment of State Annual Re	I for reporting port form.	purposes only. Non-indexed	
	ctor signing this document (and who is listed in nualse information submitted in a document to the De				

13. ANEESH MEHTA,PRESIDENT

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

Commondaealtho Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That IMPROVIX TECHNOLOGIES, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on September 10, 2012;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

July 1, 2020

Joel Hikch

Joel H. Peck, Clerk of the Commission

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