# FA1000003067

(	Requestor's Name)			
(	Address)			
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	City/State/Zip/Phone #)	<u> </u>		
PICK-UP	WAIT	MAIL		
(	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Statu	JS		
Special Instructions to Filing Officer:				
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : (846053 7943488

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : June 4, 2021

ORDER TIME : 1:44 PM

ORDER NO. : 846053-005

CUSTOMER NO: 7943488

# FOREIGN FILINGS

NAME: IN-LINE FORENSICS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

# 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.

IN-Line Forensics, Inc.					
(Enter name of c	corporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	ousiness in Florida)		
2. Georgia		46-1826612			
(State or countr 01/02/2013	y under the law of which it is incorporated)	(FEI number, if appli			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
6 402 Bell Court, V	(Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.150)				
/	· · · · · · · · · · · · · · · · · · ·	street address)			
<del></del>	(Current mailing	address, if different)	2		
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	1021 JUN -7		
Name:	Corporation Service Company	<u></u>	1		
Office Address:	1201 Hays Street				
	Tallahassee	, Florida			
	(City)	(Zip code)	<u> </u>		
designated in this further agree to co and I am familiar	ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relawith and accept the obligations of my positions of my po	nt as registered agent and agree to ative to the proper and complete p	o act in this capacity. I		
<u></u>	(Registered agent's sign	ature)	_		

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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

### A. DIRECTORS Matthew Watson □ Chairman □Chairman Name: 402 Bell Court □Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_ Woodstock, GA 30188 Director □ Director ■ President □President ☐ Vice President ☐ Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer ☐ Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Michael Gogel ☐ Chairman Chairman Name: \_\_\_\_\_ 402 Bell Court ☐ Vice Chairman Address: □ Vice Chairman Address: \_\_\_\_ Woodstock, GA 30188 ☐ Director □Director □ President ☐ President ■ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ Other \_\_\_\_\_ Other □Other Name: \_\_\_\_ □ Chairman ☐ Chairman Name: 402 Bell Court □Vice Chairman Address: \_ □Vice Chairman Address: Woodstock, GA 30188 □ Director Director ☐ President □ President □Vice President \_\_\_\_\_ □Vice President **■**Secretary Treasurer ☐ Secretary ☐Treasurer □Other \_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Matthew Watson, Director / President

Control Number: 13002120

# STATE OF GEORGIA

# Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# IN-LINE FORENSICS, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number. : 200861785
Date Ine/Auth/Eiled: 07/23/2012
Jurisdiction J. : Quorgia
Print Date : Q6/07/2021
Form Number. : Q6/07/2021



Brad Raffenspager

Brad Raffensperger Secretary of State