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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: IntelliSpeX, Inc.			
1	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation	ificate of Good Stan	ding" and check are subn	
Please return all correspondence co	ncerning this matter	to the following:	
Blake Ratcliff			
	Name of	Person	
IntelliSpeX, Inc.			
	Firm/Com	pany	
PO Box 97			
	Addro	ess	·
Prague, OK			
	City/State a	nd Zip code	
74864			
E-mail a	ddress: (to be used f	or future annual report no	otification)
For further information concerning	this matter, please o	all:	
Patty Bagweli	405	642-0177	
Name of Person	Area Cod	e Daytime Teleph	one Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a check for the following Please make check payable to: FLORI \$70.00 Filing Fee \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check for the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of the following Please make check payable to: FLORI \$78.7 Certification of	IDA DEPARTMENT	OF STATE 3 \$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.

	"COMPANY," "CORPORATION,"		
ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	ousiness in Florida)	
3.	84-3284616		
under the law of which it is incorporated)	(FEI number, if appli	cable)	
5.			
of incorporation)	(Date of duration, if other tha	n perpetual)	
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)] 02, F.S., to determine penalty liability)		
(Principal offic	e street address)		
e, OK 74864			
(Current mailing	g address, if different)	202	
		2021 JUL 12 SLONETARN ALF AMASSI	
address of Florida registered agent: (P.O	. Box NOT acceptable)	TAS	
Larry Garland			
2229 Grantham Ave		PH 3: 12	
Davenport	, Florida	700/ 31E/ 12	
	(Zip code)		
	ble in Florida, enter alternate corporate name a 3. under the law of which it is incorporated) (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 Blvd. Prague, Ok 74864 (Principal office, OK 74864 (Current mailing address of Florida registered agent: (P.O Larry Garland 2229 Grantham Ave	3. 84-3284616 2 under the law of which it is incorporated) (Date of duration, if other that (Date first transacted business in Florida, if prior to registration)] (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Blvd. Prague, Ok 74864 (Principal office street address) c, OK 74864 (Current mailing address, if different) t address of Florida registered agent: (P.O. Box NOT acceptable) Larry Garland 2229 Grantham Ave	

OocuSigned by:

WHAT

R9824CS0E5024FD

(Registered agent's signature)

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.

DocuSign Envelope ID: ABBE82EB-D397-48B4-A778-CE1E994F20D0

A. DIRECTORS						
□Chairman	Name:	□Chairman	Robert Garland Name:			
□Vice Chairman	36 Ketch Creek Place Address:	□Vice Chairman	Address: 201 Edgewater Drive			
Director	Lawton, OK 73507	Director	Edgewater, MD 21037			
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	Treasurer			
□Other	Other	Other	Other			
□Chairman	Name:	□Chairman	Name:			
☐Vice Chairman	Address: 1733 Bradner PI S	□Vice Chairman	Address:			
Director	Seattle, WA 98144	Director				
□President		□President				
□Vice President		□Vice President	2021			
□Secretary	☐Treasurer	☐ Secretary	□Treasure □			
□Other	Other	□Other	□Other <u>82 </u>			
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name:			
□Director		□Director				
□President		□President				
□Vice President		☐Vice President				
□Secretary	☐ Treasurer	Secretary	□Treasurer			
Other	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 tilly the added to the index when filing your Florida Department of State Annual Report form. Blake Rateliff						

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.

Blake Ratcliff, Director



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

DELAWARE, DO HEREBY CERTIFY "INTELLISPEX, INC." IS DULY

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

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTELLISPEX, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2019.

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

Authentication: 203573954

Date: 06-30-21