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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special last vations to	- Eiling Officer	
Special Instructions t	b Filing Officer.	
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SECRETARY OF STATE FALLAPASSEE, FLORIDA

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COVER LETTER

	gistration Section vision of Corporations				
SUBJEC [*]	Inside Sales Solutions, Inc.				
SOBILE		corporation	- must i	include suffix	
Dear Sir or	Madam:				
"Certificate	ed "Application by Foreign Corp e of Existence," or "Certificate of renced foreign corporation to tra	f Good Stand	ling" ar	nd check are subn	
Please retu	rn all correspondence concernin	g this matter	to the fi	oflowing:	
William Bla	iskiewicz				
		Name of P	erson	·	
Inside Sales	Solutions, Inc.				
		Firm/Comp	oany		
1211 Ist Av	re, North Suite 301				
		Addre	SS		
ST Petersbu	rg, FL 33705				
		City/State an	d Zip c	ode	-
bill.blaskiev	vicz@Isaless.com				
	E-mail address:	(to be used fo	r futur	e annual report no	otification)
For further	information concerning this ma	tter, please ca	dl:		
William Bla		860	367	.5361	
N	ame of Person	Area Code	-/ 	Daytime Teleph	one Number
Re Dir Th 24	REET/COURIER ADDRESS gistration Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810 llahassee, FL 32303	:		MAILING AL Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
	s a check for the following amount check payable to: FLORIDA DEI Filing Fee	PARTMENT Fee &	\$78.75	ATE Filing Fee & red 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.

1. Inside Sales So	olutions, Inc.			
	corporation; must include "INCORPORATED, Corp." "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	N."	
(If name unava	ilable in Florida, enter alternate corporate name	adopted for the purpose of transacting	ng business in Florida)	
2. Delaware	3.	3 27-3426266		
	try under the law of which it is incorporated)	ated) (FEI number, if applicable)		
4. 9/7/2010	5			
	e of incorporation)	5. (Date of duration, if other than perpetual		
6. 2019				
U	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liabil	ity)	
, 1211 1st Ave, N	orth, Suite 301, ST Petersburg, FL 33705			
<i>t</i>		ce street address)		
			· 72	
	(Current mailin	g address, if different)	2021 NOV 2 SECRETAL VALLAHAS	
8. Name and stre	eet address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	729 ASS	
Name:	Aidan Snee		1.338 40 A3 1	
Name.	1211 Lot Ave. Nigeth. Cuite 201		AM II: 13)F STATE . FLORIDA	
Office Address:	1211 1st Ave, North, Suite 301		MIII: 13	
	ST Petersburg	, Florida 33705	$\mathbb{P}_{\mathbb{A}}^{\mathbb{Z}}$ \mathbb{G}	
	(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.

A. DIRECTORS						
□Chairman	Name: Aidan Snee	□Chairman	Name:			
□Vice Chairman	Address: 1211 1st Ave, North, Suite 301	□Vice Chairman	Address:			
□Director	ST Petersburg, FL 33705	□Director				
President		□President				
□Vice President		□Vice President				
□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	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□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 may be added to the index when filing your Florida Department of State Annual Report form. 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.

Aidan Snee President & Owner

Page 1



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

DELAWARE, DO HEREBY CERTIFY "INSIDE SALES SOLUTIONS 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 TWENTY-EIGHTH DAY OF SEPTEMBER, 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 "INSIDE SALES SOLUTIONS INC." WAS INCORPORATED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2010.

Authentication: 204249640

Date: 09-28-21