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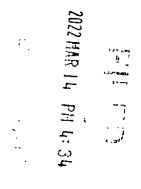
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S. FRANKLIN APR 0 8 2022

#### **COVER LETTER**

<b>TO:</b> Registration Division of C					
SUBJECT: INFOT	FELLIGENT, INC				
	Name o	of corporation -	must include suffix		
Dear Sir or Madam:					
	ence." or "Certificate	of Good Stand	uthorization to Transacing" and check are subrain Florida.		
Please return all corre	espondence concerni	ng this matter t	o the following:		
LESTER E. RIORDA	NIII				
		Name of P	erson		
LAW OFFICES OF LI	ESTER E. RIORDAN	111			
		Firm/Comp	any		
12 POND LANE, SUI	TE EB-1N				- 1
		Addres	S		2022
CONCORD, MASSAC	CHUSETTS 01742				2022 HAR
		City/State and	d Zip code		
LES@LESRIORDAN				•	<del>-</del>
	E-mail address	: (to be used fo	r future annual report no	otification)	
For further information	on concerning this m	atter, please ca	II:		<u>်း</u> မ
LESTER E. RIORDA	н и	978 at (	341 - 0404		
Name of Per		Area Code	Daytime Teleph	one Number	-
Registration Division of C The Centre o	Corporations of Tallahassee nroc Street, Suite 810		MAILING AI Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	
Enclosed is a check f Please make check pay ☐ \$70.00 Filing Fee	able to: FLORIDA DE	EPARTMENT ( g Fee &	OF STATE \$78,75 Filing Fee & Certified Copy	\$87.50 Filin Certificate of	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.

INFOTELLIGE	orporation; must include "INCORPORATED," "C	COMBANIV " "CODDOD ATION!	**
	orp." "Inc," "Co," or "Corp.")	COMPANT. CORPORATION,	
	•		
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)
DELAWARE			
	v under the law of which it is incorporated)	(FEI number, if applicable)	
JANUARY 13.	'	(**************************************	
	of incorporation) 5	5. (Date of duration, if other than perp	
MARCH 9, 202	•	(Bate of dutation, a other to	an perpettitu)
		o da e de o de las electronados de	
	(Date first transacted business in Flo (SEE SECTIONS 607,1501 & 607,1502,		·)
2385 NW EXE	CUTIVE CENTER DRIVE, SUITE 100, BOCA R	, , ,	•
<del> </del>	(Principal office s		
	(	witer manessy	
	(Current mailing a	ddress, if different)	
	(Carrent Hanning an	adress, ir diriotetti,	9922
Name and street	et address of Florida registered agent: (P.O. B	(ov. NOT accordable)	2022 HAR
Name and stree		iox ivor acceptable)	<i>7</i> 3
Name:	ALEXANDER KESLER	<del>_</del>	ŧ-
ffice Address:	2385 NW EXECUTIVE CENTER DRIVE	_	P ====================================
	BOCA RATON	, Florida 33431	: <del>:</del> 3
	(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.

(Pagistand agent's signatum)

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 ALEXANDER KESLER □Chairman □Chairman 7558 MARTINIQUE BLVD □Vice Chairman □ Vice Chairman Address: Address: BOCA RATON, FL 33433 □ Director □Director □President ■President □Vice President ☐ Vice President ☐Treasurer ∐Treasurer □ Secretary □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ □ Chairman ☐ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ □Director □Director □President □President ☐ Vice President ☐ Vice President ☐ Freasurer ☐Treasur**or**→ □ Secretary □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ Name; \_\_\_\_\_ □Chairman Name. \_\_\_\_ □Chairman Address: □Vice Chairman Address □Director □Director □President President □Vice President \_\_ □Vice President □Treasurer □ Secretary □ 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 \$817,155, F.S.

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INFOTELLIGENT, 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 SEVENTH DAY OF FEBRUARY, A.D. 2022.

2022 HAR 14 PH 4: 34



Authentication: 202595650

Date: 02-07-22