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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO:	O: Registration Section Division of Corporations						
SUBJ	ECT:	Theoris Software, Inc.					
5020		Name of	cc	orporation - r	nust	include suffix	
Dear S	ir or M	adam:					
"Certif	icate of	"Application by Foreign Corp Existence," or "Certificate of eed foreign corporation to tran	f C	Good Standin	ıg" a	nd check are submit	
Please	return a	all correspondence concerning	g t	his matter to	the	following:	
Jim Cu	tillo						
				Name of Per	son		
Theoris	s Softwa	ire, Inc.					_
	-	·	J	Firm/Compa	ny		
360 Ce	ntral Av	enue Suite 800					
				Address			
St. Pete	ersburg,	Florida, 33701					
	_		Ci	ty/State and	Zip ·	code	
jeutillo	@appra	isalvision.com					
		E-mail address: ((to	be used for	futu	re annual report notif	ication)
For fur	ther inf	ormation concerning this mat	ite	r, please call	:		
Jim Cu	tillo	al	1 (317	258	-7551	
	Namo	e of Person	٠ (_	Area Code		-7551 Daytime Telephon	e Number
	Regist Divisi The C 2415	CET/COURIER ADDRESS: tration Section on of Corporations tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	•			MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Please r		check for the following amount eck payable to: FLORIDA DEP ng Fee	PA Fe	RTMENT OF \$	78 .7		\$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.

(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacti	ng business in Florida)
Delaware	3.		
,	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
03/03/2022	5		
(Date	e of incorporation)	(Date of duration, if other	than perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	•	lity)
60 Central Aver	nue suite 800, St. Petersburg, FL 33701		
	(Principal office	street address)	
	(Current mailing a	address, if different)	
	(Current mailing a	nddress, if different)	7 22
Name and <u>stre</u>	(Current mailing a et address of Florida registered agent: (P.O. 1		2022 SEC TALL
	, , , ,		2022 APR SECREL TALLAHI
Name:	et address of Florida registered agent: (P.O. 1		2022 APR 13 SECRETARY TALLAHASSI
Name:	James J. Cutillo 360 Central Avenue suite 800	Box <u>NOT</u> acceptable)	
Name:	James J. Cutillo 360 Central Avenue suite 800 St. Petersburg	Box <u>NOT</u> acceptable) Florida33701	
Name:	James J. Cutillo 360 Central Avenue suite 800	Box NOT acceptable)	
Name: fice Address:	James J. Cutillo 360 Central Avenue suite 800 St. Petersburg	Box <u>NOT</u> acceptable) Florida33701	
Name: ice Address: Registered agwing been name	James J. Cutillo 360 Central Avenue suite 800 St. Petersburg (City) ent's acceptance: seed as registered agent and to accept service	Box NOT acceptable) , Florida 33701(Zip code) of process for the above state	AM 7: 39 ELFLORIDA od corporation at the pl
Name: Tice Address: Registered agving been namignated in this	James J. Cutillo 360 Central Avenue suite 800 St. Petersburg (City) ent's acceptance: seed as registered agent and to accept service of application, I hereby accept the appointment	Box NOT acceptable) , Florida 33701, Zip code) of process for the above state at registered agent and agr	ed corporation at the place to act in this capaci
Name: Tice Address: Registered agving been namignated in this	James J. Cutillo 360 Central Avenue suite 800 St. Petersburg (City) ent's acceptance: seed as registered agent and to accept service	Box NOT acceptable) , Florida \(\frac{33701}{\text{(Zip code)}} \) of process for the above state at as registered agent and agritive to the proper and comple	ed corporation at the place to act in this capaci
Name: fice Address: Registered agwing been name ignated in this ther agree to contact.	James J. Cutillo 360 Central Avenue suite 800 St. Petersburg (City) ent's acceptance: seed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relations.	Box NOT acceptable) , Florida \(\frac{33701}{\text{(Zip code)}} \) of process for the above state at as registered agent and agritive to the proper and comple	ed corporation at the place to act in this capaci
Name: fice Address: Registered agoring been names signated in this other agree to contact the state of the s	James J. Cutillo 360 Central Avenue suite 800 St. Petersburg (City) ent's acceptance: seed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relations.	Box NOT acceptable) , Florida \(\frac{33701}{\text{(Zip code)}} \) of process for the above state at as registered agent and agrative to the proper and completion as registered agent.	ed corporation at the place to act in this capaci

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	James J. Cutillo	Chairman	Name:	
	157 9th Ave. N. Address:		Address: 610556 N Port Washington Rd. Suite 201, Mequon, WI 53092	
Director	St. Petersburg, Florida 33701	Director		
President				
				
Secretary	☐ Treasurer	Secretary	□Treasurer	
•		•		
Other	Other	Other		
□Chairman	J. Michael Cunningham	□Chairman	Name:	
□ Vice Chairman	9000 Keystone Crossing		4850 Tamiami Trail N Suite 30	
Director	Suite 230, Indianapolis, IN 46260	Director	Naples, Florida 34103	
President				
				
□Secretary	■ Treasurer	☐ Secretary	□Treasurer	
Other	Other	Other	Other	
□ Chairman	Mark Komanecky	□Chairman	Name:	
	1311 N. Westshore Blvd,	□ Vice Chairman	Address:	
Director	Tampa, FL, 33606			
	·			
President				
☐ Secretary	Treasurer	☐ Secretary	☐Treasurer	
Other	Other	Other	Other	
individuals may be	added to the index when filing your Florid	a Department of State Annual Re	d for reporting purposes only. Non-indexed eport form.	

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.

James J. Cutillo



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

DELAWARE, DO HEREBY CERTIFY "THEORIS SOFTWARE, 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 NINTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THEORIS SOFTWARE, INC." WAS INCORPORATED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2005.



Authentication: 202869168

Date: 03-09-22