22000003147

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
(11359						
W22000054359 6549						

Office Use Only



100385523281

04/14/22--01010--021 ++70.00

2022 HAY 13 PH 7: 28

S. FRANKLIN MAY 1 9 2022

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: INNOVARA, INC.				
.,020	Name o	of corporation -	must include suffix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to tr.	of Good Stand	ing" and check are subn		
Please	return all correspondence concernit	ng this matter t	o the following:		
Robert	C. Benedict				
····	<u> </u>	Name of P	erson		
Wideil	Wideikis, Benedict & Berntsson, LLC - the Big W Law Firm				
3195 S	Access Road	Firm/Comp	any		2012 115.7
Address					ယ
Engley	Englewood, Florida 34224				
rbened	ict@bigwław.com	City/State an	d Zip code		PH 7: 28
	E-mail address	: (to be used fo	r future annual report no	otification)	
For fu	rther information concerning this m	atter, please ca	11:		
Robert C. Benedict at (941 Name of Person Area Code			627-1000		
	Name of Person	Area Code	Daytime Teleph	one Number	•
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please	sed is a check for the following amo make check payable to: FLORIDA DE 0.00 Filing Fee	EPARTMENT (g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filin Certificate C	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.

INNOVARA, IN	NC.		
(Enter name of confine.," "Co.," "Co.," "Co.,"	orporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail:	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting bu	siness in Florida)
2. Virginia	3		
(State or countr	y under the law of which it is incorporated)	• •	
4. Date	of incorporation) 5.	(Date of duration, if other than perpetual)	
6105 Middle St., H	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150)	Florida, if prior to registration) 2, F.S., to determine penalty liability)	
7. 10.3 Stradic 31., 13		street address)	
	(Current mailing et address of Florida registered agent: (P.O. Robert C. Benedict	address, if different) Box <u>NOT</u> acceptable)	202211.713
Name: Office Address:	3195 S Access Road		3 PH
	Englewood		7:2
	(City)	(Zip code)	œ
designated in this further agree to c	ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi-	ent as registered agent and agree to ative to the proper and complete petion as registered agent.	act in this capacity. I

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 Barri Blauvelt G Christopher Blauvelt Name. __ Chairman □Chairman 105 Middle St 105 Middle St Address: _____ □Vice Chairman □Vice Chairman Address: Hadley, MA 01035 Hadley, MA 01035 □Director Director President President ☐ Vice President **■** Vice President □ Secretary □ Treasurer □Treasurer □ Secretary □Other _____ ①Other _____ □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 22 15.1 □Other _____ ☐Other _____ □Other _____ Name: □ Chairman □ Chairman Name: ☐ Vice Chairman Address: Uvice Chairman Address: __ □ Director Director □ President □ President □Vice President □Vice President ☐ Secretary ☐ Treasurer ☐ Secretary El 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 in she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155, F.S. (Typed or printed name and capacity of person signing application)

Common boealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That INNOVARA, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on September 26, 1990;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

April 1, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2022040117124039



April 25, 2022

ROBERT C BENEDICT 3195 S ACCESS ROAD ENGLEWOOD, FL 34224 US

SUBJECT: INNOVARA, INC. Ref. Number: W22000054359

We have received your document for INNOVARA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

thist is a seen

www.sunbiz.org

Letter Number: 522A00009628