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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

Fax Number

: (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## FOREIGN PROFIT/NONPROFIT CORPORATION Stitch Consulting Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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DocuSign Envelope ID: 70F1F897-B8E8-4E32-A470-FD09E3F27856

To:

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

From: Lexus Wingo

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.

Stitch Consulting Services, Inc.					
(Enter nan	ne of corporation: must include "INCORPORATED. " "Corp." "Inc." "Co," or "Corp.")	" "COMPAN	Y," "CORPORATION,"		
(If name u	navailable in Florida, enter alternate corporate name	adopted for th	ne purpose of transacting busines	ss in Florida)	
2. Delaware	3.	88-3373213			
	country under the law of which it is incorporated)		(FEI number, if applicable)		
4. 7/19/2022	5.	Perpetual			
	(Date of incorporation)	(Da	te of duration, if other than perp	etual)	
6. 8/29/2023					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1.	•		262	
_ 830 Massa	chusetts Ave., Suite 1500, Fl 3, Indianapolis, IN 462			2022 55	
/	(Principal off		ress)	- - - -	
	(Current mailir	ng address, if	different)	PH 10:	
8. Name and	I <u>street address</u> of Florida registered agent: (P.C	D. Box <u>NOT</u>	_acceptable)	л <b>с</b> е	
Nar	ne: CT Corporation System				
Office Addre	ess: 1200 South Pine Island Road				
	Plantation	FL,	33324		
	(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.

	C T Corporation System
Ву:	Laura & Broderick
	(Registered agent's signature)
	Laura Broderick, Assistant Secretary

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.

11. For initial indexing purposes, fist names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

## DocuSign Envelope ID: 70F1F897-B8E8-4E32-A470-FD09E3F27856

To:

A. DIRECTORS					
□Chairman	Name: Michael	Burton,	∃Chairman	Name: Mike Fitzgerald  Name: 830 Massachusetts Ave.  Address:	
□Vice Chairman	Address: 830 M	assachusetts Ave	□Vice Chairman		
<b>Director</b>	Suite 1500, FL3	Indianapolis, IN 46204	<b>☑</b> Director	Suite 1500, Fl 4, Indianapolis, IN 46204	
<b>President</b>			I∃President		
TiVice President			□Vice President		
ElSecretary		[l'Treasurer	ElSecretary	]Treasurer	
☑Other	·····	□Other	□Other	Other	
□Chairman	Enc Tob	ias	□ Chairman	Blake Koriath	
☐Vice Chairman	\$30 M	assachusetts Ave	□Vice Chairman	830 Massachusetts Ave., Address:	
Director		. Indianapolis, IN 46204	□ Director	Suite 1500, Fl 4, Indianapolis, IN 46204	
□President			□President		
TVice President			□Vice President		
■ Secretary		☐ Treasurer	□Secretary	ATreasurer 2022	
110ther		□Other	□Other		
				8	
∐Chairman	Name:		UChairman	Name:	
□Vice Chairman	Address:		□Vice Chairman	Address:	
□ Director			□Director	<u></u>	
□Presidem			□President		
TIVice President			TiVice President		
T Secretary		[]Treasurer	TSecretary	□ Treasurer	
<b>∃</b> Other		<b>10</b> ther	□Other	Other	
individuals may be	added to the inde.	s when filing your Florida Departme	nt of State Annual Re	d for reporting purposes only. Non-indexed eport form.	
12	icul Burtan —	Signature of Director of	() () ()		
The officer or direc-	ctor signing this de	seament (and who is listed in number	r 11 above) affirms th	at the facts stated herein are true and that he or ites a third degree felony as provided for in	
13 Michael Buit	on, CEO				

(Typed or printed name and capacity of person signing application)

To:



Page 1

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

DELAWARE, DO HEREBY CERTIFY "STITCH CONSULTING SERVICES, 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 FIRST DAY OF SEPTEMBER, A.D.

2022.

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

2022 SEP -8 PH 10: 58



Authentication: 204302941

Date: 09-01-22

6920642 8300

SR# 20223428554

You may verify this certificate online at corp.delaware.gov/authver.shtml