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S. FRANKLIN FEB 0 8 2023

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: INTELLIX SOFTWAR	RE, INC.		
	lame of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Forei "Certificate of Existence," or "Certi above referenced foreign corporation	ficate of Good Stan-	ding" and check are submitt	usiness in Florida," ed to register the
Please return all correspondence cor HARSHAL PATEL	ncerning this matter	to the following:	
	Name of I	Person	r]
INTELLIX SOFTWARE, INC.			• ,
	Firm/Com	pany	
9185 CAMBRIAN COMMONS DR			. « <u>)</u>
	Addre	SS	
COLUMBUS OH 43240			
	City/State ar	id Zip code	<u></u>
INTELLIXSOFTWARE@GMAIL.CO			
E-mail ad	dress: (to be used for	or future annual report notifi	cation)
For further information concerning t	his matter, please ca	all:	
HARSHAL PATEL	at (9469598 _)	
Name of Person	Area Code	Daytime Telephone	Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	on Pations
	A DEPARTMENT	A-0	\$87.50 Filing Fee, Certificate 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.

INTELLIX SO	FTWARE, INC.		. =
(Enter name of c	corporation; must include "INCOR Corp," "Inc," "Co," or "Corp.")	PORATED," "COMPANY," "CORPORATION	,,,
(If name unavail	lable in Florida, enter alternate corp	porate name adopted for the purpose of transacting	g business in Florida)
(State or count	ry under the law of which it is inco	3. 20-2006503 (FEI number, if app	olicable)
10/07/0004			
(Date	e of incorporation)	5 5. (Date of duration, if other the	han perpetual)
			,
	(Date first transacte	d business in Florida, if prior to registration) 01 & 607.1502, F.S., to determine penalty liabilit	y)
134 NORTHWO	ODS BLVD, SUITE B2, COLUMI	BUS OH 43235	
	(P	rincipal office street address)	r~~
9185 CAMBRIA	N COMMONS DR, COLUMBUS	OH 43240	
	(Cı	arrent mailing address, if different)	
			7
. Name and stree	et address of Florida registered a	agent: (P.O. Box <u>NOT</u> acceptable)	-
Name:	Registered Agents Inc		
ffice Address:	7901 4th St N, STE 300		(d)
		, Florida 33702	
	(City)	(Zip code)	
aving been nam esignated in this orther agree to c	application, I hereby accept th omply with the provisions of al	ccept service of process for the above stated e appointment as registered agent and agree I statutes relative to the proper and complete s of my position as registered agent.	to act in this canacity
	David	Roberts	
	(Registere	d agent's signature)	

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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

A. DIRECTORS	. ·			
■ Chairman	Name: HARSHAL PATEL	□ Chairman	Name:	
□Vice Chairman	Address: 9185 CAMBRIAN COMMONS DR	□ Vice Chairman	Address:	
Director	Columbus, OH	40 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
				2
□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
individuals may be	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Departm hal Patal	ent of State Annual Ro	eport form.	
1 1 10000	Signature of Director	or Officer		
The officer or direct she is aware that far s.817.155, F.S.	ctor signing this document (and who is listed in number ilse information submitted in a document to the Depart	er 11 above) affirms the tment of State constitu	nat the facts state utes a third degre	ed herein are true and that he or ee felony as provided for in
13. HARSHAL P	PATEL			

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities: that said records show INTELLIX SOFTWARE, INC., an Ohio corporation, Charter No. 1506263, having its principal location in Columbus, County of Franklin, was incorporated on December 6, 2004 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 23rd day of January, A.D. 2023.

I folia

Ohio Secretary of State

Validation Number: 202302305000