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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

2023 MAR - 7 10:08:54

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
PRODIGO SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	--\$1,928.75--

****PLEASE ADJUST TO \$1428.75 (\$500 PENALTY NOT IMPOSED FOR PROFIT CORP.)**

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S. ROBERTS

MAR - 8 2023

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

H23000086839

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.

1. Prodigio Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 46-3889233
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 9, 2013 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. October 6, 2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 600 Cranberry Woods Drive, Suite 300, Cranberry Township, PA 16066
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301
(City) (Zip code)

2023 MAR 7 PM 8:54

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.

Taylor Scay

Taylor Scay, as Assistant Secretary on behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

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, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

H23000086839

A. DIRECTORS

Chairman Name: Joe Mayernik

Vice Chairman Address: 600 Cranberry Woods Drive, Suite 300

Director Cranberry Township, PA 16066

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Alister Reynolds

Vice Chairman Address: 600 Cranberry Woods Drive, Suite 300

Director Cranberry Township, PA 16066

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Robert Pavlik

Vice Chairman Address: 600 Cranberry Woods Drive, Suite 300

Director Cranberry Township, PA 16066

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Michael DeLuca

Vice Chairman Address: 600 Cranberry Woods Drive, Suite 300

Director Cranberry Township, PA 16066

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Brent Burns

Vice Chairman Address: 600 Cranberry Woods Drive, Suite 300

Director Cranberry Township, PA 16066

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

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.

12. [Signature]
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 s.817.155, F.S.

13. Michael DeLuca, Executive Vice President
(Typed or printed name and capacity of person signing application)

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Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Prodigio Solutions, Inc.
Request Type: Subsistence Certificate **Issuance Date:** March 07, 2023
Request No.: 010949226 **File No.:** 0004219555
Receipt No.: 000406568
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: October 09, 2013
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Prodigio Solutions, Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

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