

F23000005570

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Sharron.Curtis@Inhabit.com

FOREIGN PROFIT/NONPROFIT CORPORATION INHABITIQ, INC

Certificate of Status	0
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DIVISION OF CORPORATIONS

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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.

1. InhabitIQ, 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. Delaware 3. 94-3325313
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/08/2019 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

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

7. 2035 Lakeside Center Way, Suite 250, Knoxville, TN 37922
 (Principal office street address)

 (Current mailing address, if different)

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

Name: CT Corporation System
 Office Address: 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.

SEAN L. EMERICK, ASSISTANT SECRETARY

By: _____
 (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):

A. DIRECTORS

☐ Chairman Name Lisa Stinnett
☐ Vice Chairman Address: 2035 Lakeside Centre Way
Suite 250
☒ Director
Knoxville, TN 37922
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
 CEO
☒ Other ☐ Other

☐ Chairman Name John Vingia
☐ Vice Chairman Address: 2035 Lakeside Centre Way
Suite 250
☐ Director
Knoxville, TN 37922
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
 COO
☐ Other ☐ Other

☐ Chairman Name Edward James
☐ Vice Chairman Address: 2035 Lakeside Centre Way
Suite 250
☐ Director
Knoxville, TN 37922
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
 COO
☒ Other ☐ Other

☐ Chairman Name Devon Parekh
☐ Vice Chairman Address: 2035 Lakeside Centre Way
Suite 250
☐ Director
Knoxville, TN 37922
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name Ryan Hinkle
☐ Vice Chairman Address: 2035 Lakeside Centre Way
Suite 250
☐ Director
Knoxville, TN 37922
☒ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name Anika Agarwal
☐ Vice Chairman Address: 2035 Lakeside Centre Way
Suite 250
☐ Director
Knoxville, TN 37922
☒ 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. John Vingia Chief Operating Officer
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INHABITIQ, 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 SIXTEENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.

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



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SR# 20233261474

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

Authentication: 203973942

Date: 08-16-23