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Special Instructions to Fil	ing Officer:	

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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

NAME OF ENTITY
ICL Data, Inc.
FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPY XX PHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
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XX FOREIGN QUALIFICATIONJUDGMENT LIEN
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GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
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APOSTILLE/NOTARY CERTIFICATION REQUEST:
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DATE 1/3/24 TIME
Notes:

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.

ICL Data, Inc. (Enter name of c	corporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"			
	Corp," "Inc," "Co," or "Corp.")	,			
	41 - 71 - 1	1	ota de la Plantida		
	able in Florida, enter alternate corporate name a	copted for the purpose of transacting of	isiness in Piorida)		
Pennsylvania	3.	(FEI number, if applicable)			
(State or country	ry under the law of which it is incorporated)	(FEI number, if applicable)			
03/20/2017	5.				
(Date	e of incorporation) 5.	(Date of duration, if other than	(Date of duration, if other than perpetual)		
 	(Date first transacted business in	Florida, if prior to registration)			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)			
	(500 500 110145 607,1501 & 607,150	Florida, if prior to registration) 12, F.S., to determine penalty liability)			
	own Pike, Plymouth Meeting, PA 19462	Florida, if prior to registration) 12, F.S., to determine penalty liability) e street address)			
	own Pike, Plymouth Meeting, PA 19462	2, 1.5., to determine penalty hazarity			
	own Pike, Plymouth Meeting, PA 19462 (Principal offic	e <u>street</u> address)	2821		
	own Pike, Plymouth Meeting, PA 19462 (Principal offic	2, 1.5., to determine penalty hazarity	2824 Ji		
600 W Germanto	own Pike, Plymouth Meeting, PA 19462 (Principal offic	e <u>street</u> address) address, if different)	2824 JAH		
600 W Germanto	(Principal office) (Current mailing) et address of Florida registered agent: (P.O.	e <u>street</u> address) address, if different)	2824 JAN -3		
600 W Germanto	own Pike, Plymouth Meeting, PA 19462 (Principal offic	e <u>street</u> address) address, if different)	2824 JAN -3 PI		
600 W Germanto Name and stre Name:	(Principal office) (Current mailing) et address of Florida registered agent: (P.O.	e <u>street</u> address) address, if different)	PH		
600 W Germanto Name and stre Name:	(Principal office) (Current mailing) et address of Florida registered agent: (P.O. Universal Registered Agents, Inc.	e street address) address, if different) Box NOT acceptable)	PH		
600 W Germanto	(Principal office) (Current mailing) et address of Florida registered agent: (P.O. Universal Registered Agents, Inc. 1317 California Street	e <u>street</u> address) address, if different)	2024 JAN -3 PM 1: 44		

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.

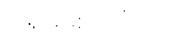
(Registered agent's signature)

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.

A. DIRECTORS						
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	600 W Germantown Pike	□Vice Chairman	Address:			
⊟Director	Plymouth Meeting, PA 19462	□Director				
₩ President		President				
□Vice President		□Vice President				
Secretary	⊞ Treasurer	□Secretary	C	Treasurer		
□Other	Other	Other		Other		
Chairman	Name:	□ Chairman	Name:	<u></u>		
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		□Director				
□President		□President				
□Vice President		□Vice President				
Secretary	∐Treasurer	☐ Sccretary]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	C	Treasurer		
□Other	Other	Other	(Other		
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departme	nt of State Annual R	eport form.	oses only. Non-indexed		
12. 15%	Jeff Korbin			<u> </u>		
12. 15% Teff Korbin 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. Jeff Korbin, President



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: ICL Data, Inc.

Request Type: Subsistence Certificate Issuance Date: January 02, 2024

Request No.: 027936834 **File No.:** 0006527571

Receipt No.: 000841014

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: March 20, 2017

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

ICL Data, 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

Secretary of the Commonwealth

Mas Saland

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