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	Fax Number : (850)617-6383	2073	
From:		DEC	
	Account Name : C T CORPORATION SYSTEM	C	
	Account Number : FCA000000023		
	Phone : (614)280-3338	2	Ĭ,
	Fax Number : (614)573-3996	<u> </u>	΄,
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Enter	the email address for this business entity to be used for future		
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Ema	sam@inquired.org		

## FOREIGN PROFIT/NONPROFIT CORPORATION INQUIRED INC

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

please file 2nd after cover sheet H24000058171 3 this a 1, 2 filing requesting original filing date 12/12/23 issue when submitted online. Thank you

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Corporate Filing Menu

Help

## 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.

	able in Florida, enter alternate corporate name		business in Florida)	
2. Delaware	3	82-3143765	<u></u>	
	y under the law of which it is incorporated)	(FEI number, if appl	icable)	
4. <u>10/13/2017</u>	of incorporation) 5	(Date of duration, if other that	<del></del>	
	of incorporation)	(Date of duration, if other the	an perpetual)	
6. Upon Filling				-
		in Florida, if prior to registration) 502, F.S., to determine penalty liability	·)	
, 4422 N Ravensw	ood AVE. CHICAGO, IL 60640			
/·	(Principal of	fice street address)		-
			202	
	(Current mail	ng address, if different)	DEC 12	
8. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	2	
o. maine una <u>otte</u>	and de		739	C
Name:	C T Corporation System		<u> </u>	
Name:	1200 South Pine Island Road		<u>∃</u> ⊗	
<del></del>	1200 South Pine Island Road			
Name:	1200 South Pine Island Road Plantation	FL 33324	· 8:	
Name:	1200 South Pine Island Road	FL 33324 (Zip code)	· 8:	
Name: Office Address:  9. Registered ag Having been nan designated in this further agree to c	Plantation  (City)  ent's acceptance: ned as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes	(Zip code)  vice of process for the above stated of ment as registered agent and agree relative to the proper and complete	corporation at the	city. I
Name: Office Address:  9. Registered ag Having been nan designated in this further agree to c	1200 South Pine Island Road  Plantation  (City)  ent's acceptance: ned as registered agent and to accept serve application, I hereby accept the appoint	(Zip code)  vice of process for the above stated of ment as registered agent and agree relative to the proper and complete	corporation at the	city. I
Name: Office Address:  9. Registered ag Having been nan designated in this further agree to c	Plantation  (City)  ent's acceptance: ned as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes	(Zip code)  vice of process for the above stated of ment as registered agent and agree relative to the proper and complete osition as registered agent.	corporation at the	city. I

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

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	Shanti Elangovan		Steve Kunfer		
□Chairman	A422 N Ravenswood AVE	□Chairman	Name: Steve Kupfer 474 Bryant St		
□Vice Chairman	Address:	□Vice Chairman	Address: CA 64107		
Director	CHICAGO, IL 60640	■Director	San Francisco, CA 64107		
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	□Secretary	□Treasurer		
■Other CEO	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		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President	<u> </u>		
☐ Secretary	□Treasurer	☐ Secretary	Treasurer		
□Other	□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 of Director or Officer					
•	/ Signature of Director of	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. SHANTI ELANGOVAN, CEO

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INQUIRED, 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 EIGHTH DAY OF DECEMBER, A.D. 2023.

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

Authentication: 204766407

Date: 12-08-23

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