Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000240738 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS ELC Account Number : 120150000127 Phone : (820)567-4397 Fax Number : (800)567-4398

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

Email Address: BAllen@urscompliance.com

FOREIGN PROFIT/NONPROFIT CORPORATION

i3logix, Inc.

Certificate of Status	0
Certified Copy	. 0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

H24000240738 3

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

i3logix, Inc				
	orporation; must include "INCORPORATEI o(p," "Inc," "Co," or "Cotp.")	Ď,"	"COMPANY," "CORPORATION,"	
(If name unavails	ible in Florida, enter alternate corporate nam	ic a	dopted for the purpose of transacting busi	ness in Florida)
со		3.	20-4551091	
(State or countr	y under the law of which it is incorporated)	_	(FEI number, if applicable)	
03/22/2006		5		
(Date	of incorporation)	-	(Date of duration, if other than perpetual)	
		_		
	(Date first transacted husiness	on Lec	Florida, if prior to registration)	
GEO. 116.55		, I 2t	2. F.S., to determine penalty liability)	
9501 NORTH	FIELD BLVD DENVER, CO 80238		e <u>street address)</u>	
	() (mapary	1111	2 Mires address)	2
	(Current mai)	line	address, if different)	
	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	무용
Name and stree	t address of Florida registered agent: (P	'.O.	Box NOT acceptable)	16
	URS AGENTS, LLC		. ,	圣
Name:				l 4: 0
ffice Address:	3458 Lakeshore Drive			01
	Tallahassee		Florida <u>32312</u>	
	(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.

Kelli Saldana, Assistant Secretary

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.

H24000240738 3

a. DIRECTORS						
☐ Chainnan	Name KEVIN VOLLMER	∐Chairman	Name: STEVE OLSEN			
El Vice Chairman	Address: 9501 NORTHFIELD BLVD	Ei Vice Chairman	Address: 9501 NORTHFIELD BLVD			
LIDirector	DENVER, CO, 80238	□ Director	DENVER, CO, 80238			
DPresident		X 'President				
ElVice President		□Vice President				
DiSecretary	[]Treasurer	LlSecretary	☐ Treasurer			
AlOther CEO	. MOther	[]Coher				
⊈Chaπman	Name: STEVE WOLFFIS	! TChairman	Name ANDY SCHOFER			
∏Vice Chairman	Address: 9501 NORTHFIELD BLVD	□Vice Chairman	Address:9501 NORTHFIELD BLVD			
Director	DENVER, CO, 80238	Director	DENVER, CO, 80238			
□President		II President				
X Vice President		ElVice President				
D)Secretary	□Treasurer	☐ Secretary	☐ Freasurer			
□Other		▼Other Control	ler "Jöther			
[]Chairman	Name:	∃Chainnan	Name:			
□Vice Chairman	Address:	Tivice Chairman	Address:			
□Виссю	*·-	.71Ducctor				
(7President		C/President				
□ Vice President		□Vice President				
☐ Secretary	UlTreasurer	ElSecretary	CiTreasurer			
□Other		(1)Other	\(\times \)			
	Use an attachment to report more than six (6). The added to the index when filing your Florida Department. Signature of Direct	iment of State Annual Re				
	•					
she is aware that fa s.817.155, F.S	ctor signing this document (and who is listed in muralse information submitted in a document to the Dep	oartment of State constitu	nes a third degree follony as provided for in			
13 Andrew S	Andrew Schofer Corporate Controller (Typed or printed name and capacity of person signing application)					

H24000240738 3

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

i3Logix, Inc.

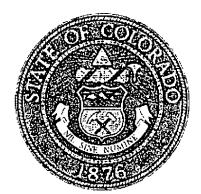
15/11

Corporation

formed or registered on 03.22/2006—under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061123245.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/10/2024, that have been posted, and by documents delivered to this office electronically through 07/11/2024 @ 12:57:11.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver. Colorado on 07/11/2024 (a. 12:57:11) in accordance with applicable law. This certificate is assigned Confirmation Number 16199372



Secretary of State of the State of Colorado

«примеречаентиневерния воронетиневерния повется на Септиневерония инферсория в повется на применевероне в повется на применеверо