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COVER LETTER

TO:	Registration Section Division of Corporation				
CHD	JECT: INTELLIGE	NT COMMUNICATION ASS	SISTANT INC		
SUD	JEC1;	Name of corporation	n - must include suffix	·	
Dear S	Sir or Madam:				
"Certi	ficate of Existence,"	by Foreign Corporation fo or "Certificate of Good Sta orporation to transact busin	nding" and check are		
Please	return all correspon	dence concerning this matte	er to the following:		
TRL.	AXMAN				
		Name o	f Person		
TRUS	TED AND RELIABLI	E BUSINESS SERVICES			
		Firm/Co	mpany		
1095 E	BROKEN SOUND PK	Wy NW- SUITE 201			
		Add	ress	<u> </u>	
BOCA	RATON, FL 33487				
	·	City/State	and Zip code		
LAXN	4AN@TRTHETAXM				
		E-mail address: (to be used	for future annual repo	ort notification)	
For fu	orther information co	ncerning this matter, please	call:		
TRL.	AXMAN	at (⁵⁶¹	de Daytime Te		
	Name of Person	Area Co	de Daytime Te	lephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			LING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please		o: FLORIDA DEPARTMEN	T OF STATE \$78.75 Filing Fee & Certified Copy	& □ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORI

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.

l	INTELLIGENT COMMUNICATION ASSISTANT INC Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"						
	orporation; must include "INCORPORATED," orp," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"					
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting busing	ness in Florida)				
2. ILLINOIS		88-1597582					
	y under the law of which it is incorporated)	(FEI number, if applicable)					
4	09-23-2020 [Date of incorporation] [Date of duration, if other than perpetual)						
(Date	of incorporation)	(Date of duration, if other than pe	erpetual)				
6. NA							
	(Date first transacted business in f (SEE SECTIONS 607.1501 & 607.150						
, 1016 FIELDSTO	NE LN. SPRING HILL, FL 34606						
·	(Principal office	e <u>street</u> address)					
1095 BROKEN	SOUND PkWy, STE 201, BOCA RATON, FL 3	3487					
	(Current mailing	address, if different)					
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	Züz4 AUG				
Name:	TR THE TAXMAN INC		AUG				
Office Address:	9858 CLINT MOORE RD-STE C111-131		1	•.			
	BOCA RATON	, Florida <u>33496</u>	79				
	(City)	(Zip code)	<u>r</u>	.			
9. Registered ag	ent's acceptance:		26				
Having been nan	ned as registered agent and to accept service application, I hereby accept the appointme						
further agree to c	comply with the provisions of all statutes rel with and accept the obligations of my posi	lative to the proper and complete perj					

(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.

The Certificate as attached is issued only online and is not a 'photo copy'

A. DIRECTORS RAYMOND SHEPPARD Chairman Name: ☐ Chairman Name: 1016 FILEDSTONE LN □Vice Chairman Address: ☐ Vice Chairman Address: SPRING HILL, FL 34606 □ Director □ Director □President □President ☐ Vice President □Vice President ☐Treasurer ☐ Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ MARC KIRCOS ☐ Chairman Name: " ☐ Chairman Name: 3965 SACRAMENTO DR □Vice Chairman ☐ Vice Chairman Address: ___ Address: LA MESA, CA 91941 □ Director □ Director □President □ President □Vice President _____ ☐ Vice President □Treasurer □ Secretary ☐ Treasurer ■ Secretary □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 ☐ Treasurer ☐ Other _____ □Other _____ Other ____ ☐Other ____ Important Notice: Use an attachment to report more than rise (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. 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.

RAYMOND SHEPPARD



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

INTELLIGENT COMMUNICATION ASSISTANT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 13, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of JULY A.D. 2024 .

Authentication #: 2419900986 verifiable until 07/17/2025

Authenticate at: https://www.ilsos.gov

Alexi Sianaruh