Division of Corporations

Florida Department of State Division of Commati

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.

(((H25000183716 3)))



H2500018371634BC0

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10:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future' annual report mailings. Enter only one email address please. (1)

Email Address:_____

FOREIGN PROFIT/NONPROFIT CORPORATION VALUABLE INSIGHT INC.

Certificate of Status	- 1)
Certified Copy	l
Page Count	05
Estimated Charge	\$78.75

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Corporate Filing Menu

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May 21, 2025

FLORIDA DEPARTMENT OF STATE Division of Corporations

LEGALZOOM.COM INC.

SUBJECT: VALUABLE INSIGHT INC.

REF: W25000071036

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The conflict is L23000332395.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux FAX Aud. #: H25000183716 Regulatory Specialist II Letter Number: 225A00011007 TO: Registration Section

Τo

COVER LETTER

Division of Corporations				
SUBJECT: VALUABLE INSIC	HT INC.			
	Name of corporation	r - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	rtificate of Good Star	iding" and check are subn		
Please return all correspondence o	concerning this matte	r to the following:		
Ersk Treutlein				
	Name of	Person		
Legalzoom.com, Inc.				
	Firm/Cor	прану		
11501 Domain Dr. Ste 200				
 	Addr	ess		
Austin, TX 78758				
	City/State a	ınd Zip code		
yi@valnable-insight.com				
E-mail	address: (to be used	for future annual report no	ntification)	
For further information concerning	g this matter, please	call:		
Erik Trentlein	at (800	773-0888)	773-0888	
Name of Person	Area Coc	e Daytime Teleph	one Number	
STREET/COURIER AT Registration Section Division of Corporations The Centre of Tallahasses 2415 N. Monroe Street, S Tallahassee, FL 32303	:	MAILING All Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
•	RIDA DEPARTMENT	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 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.

L VALUABLE IN				
(Enter name of c	orporation; must include "INCORPORATED," *orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATION)N,"	
Valuable Insigh	t and Solution of Florida Inc.			
(If name unavails	able in Florida, enter alternate corporate name ado	opted for the purpose of transact	ing business in Florida)	
Delaware 2.	3	3. 99-3613528 (FEI number, if applicable)		
c (1 022023)				
(Date	of incorporation) 5	(Date of duration, if othe	r than perpetual)	
5				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) t, F.S., to determine penalty liab	ility)	
7 3111 N Universit	y Dr Ste 420 Coral Springs, FL 33065			
· ·	(Principal office	street address)		
	(Current mailing ;	iddress, if different)		
8. Name and <u>stree</u>	<u>et address</u> of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)		
Name:	United States Corporation Agents, Inc.			
Office Address:	476 Riverside Ave.		2025	
	Jacksonville	, Florida <u>Jacksonville</u>	- HUL 5202	
	(City)	(Zip code)	9	
	ent's acceptance:	of an arrange of the sale are seen		
lesignated in this further agree to c	ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my posite	it as registered agent and ag itive to the proper and compl	ree to act in this capacity.	
_	Crise Treutlein		SSISTANT SECRETARY, PRPORATION AGENTS,	
	(Registered agent's sign	ature)		

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; Yi Yu	□Chairman	Name:		
□Vice Chairman	Address: 390 NE 191st St STE 8408	□Vice Chairman	Address:		
Director	Miami, FL 33179	□Director			
President		President			
□Vice President		□Vice President			
■ Secretary	■ Treasurer	□Secretary	ے	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		Freasurer	
Other	Other	□Other		Other	
□Chairman	Name:	⊒Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President	·		
□Vice President		□Vice President		2	
□ Secretary	☐ Treasurer	## Secretary	<u></u> :	Treasurer	
[]Other	[1Other	TlOther		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					

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.

To:



Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "VALUABLE INSIGHT 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 TWENTIETH DAY OF MAY, A.D. 2025.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALUABLE INSIGHT INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2024.

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

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203736344

C. G. Sanchen

Date: 05-20-25

3970851 8300 SR# 20252459680