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### **COVER LETTER**

TO:		ation Section of Corporation	s	•				
SUBJE		ΓELLAM, LLC						
SCHOL	· · ·		Name of L	imited Liability C	ompany			
			eign Limited Liability Compa I to register the above referer					
Please r	eturn all	correspondence c	oncerning this matter to the f	ollowing:				
		Travis Sitzlar				,		
	Name of Person							
	INTELLAM, LLC							
Firm/Company								
10263 N Gandy Blvd #202								
			Address					
	St Petersburg, FL 33702  City/State and Zip Code							
١.								
		travis@intellam.c						
	•		E-mail address: (to be used	for future annual	report not	ification)		
For furt	ther inform	mation concerning	g this matter, please call:					
	Travis	Sitzlar		813 at (	505-75	=		
		Name o	f Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclose		eck for the follow .00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

, INTELLAM, LLC	SINESS IN THE STATE OF FLORIDA				
(Name of Fore	ign Limited Liability Company; mu	st inclu	de "Limited Liab	ility Company," "L.L.C.,	" or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpos " or "LLC.")	se of tra	nsacting business	s in Florida. The alternate	name must include "Limited
2. Wyoming		3	47-4322176		
(Jurisdiction under the law company is organized)	of which foreign limited liability	5.		(FEI number, if application	able)
4					
	(Date first transacted busing (See sections 605,0904 & 605	ess in F 5,0905,	lorida, if prior to F.S. to determine	registration.) penalty liability)	
5. INTELLAM, LLC					
109 East 17th Street, #2	25, Cheyenne WY 82001				<del>_</del>
6. INTELLAM, LLC	(Street Address of	Princip	al Office)		
	Ste 2, Tampa, FL 33607				
	(Mailing	Addres	s)		<del></del>
<ol><li>Name and <u>street addres</u></li></ol>	ss of Florida registered agent: (P	P.O. Bo	x NOT accept	able)	
Name:	Travis Sitzlar			_	
Office Address:	10263 N Gandy Blvd #202			_	
	St Petersburg			_ , Florida	
Registered agent's accep	(City)			(Zip code	)
this application, I hereby	12	stered o	igent and agree	e to act in this capacity ince of my duties, and	. I further agree to comply
	(Regis	stered a	gent's signature)		
8. The name, title or capa	acity and address of the person(s	) who i	has/have author	ity to manage is/are:	S & C
Travis Sitzlar, Owner, 31	04 N Armenia Ave Ste 2, Tampa	a, FL 3	3607		1 person
					三 三 一
					ORAL ORAL
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 d of which it is organized. (If the ubmitted)	lays old	l, duly authentic ate is in a foreig	cated by the official having language, a translation	ving custody of records in the on of the certificate under oath
	Signatur	e of an	authorized perso	n	<u>.</u>
This document is executed	d in accordance with section 605			Statutes. I am aware tha	

Typed or printed name of signee

Travis E Sitzlar

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### INTELLAM, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 21, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000661470**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of July, 2015 at 2:57 PM. This certificate is assigned 018211219.



Secretary of State

Secret

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.