M18000002339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

W18-18029

Office Use Only

800309298408

02/20/18--01040--004 **160.00

18 MAR -7 AM 9:49

0 8 2018

KER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2018

WILLIAM M ANDERSON
44 N SHARSVILLE AVE
SHARON, PA 16146 US

SUBJECT: ACTIOABLE INSIGHTS, LLC
Ref. Number: W18000018029

We have received your document for ACTIOABLE INSIGHTS, LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 818A00003738

RECEIVED
MAR 07 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Actioable Insights, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William M. Anderson
Name of Person

Actionable Insights
Firm/Company

44 N. Sharpsville Ave.
Address

Sharon, PA 16146
City/State and Zip Code

banderson@digitalbyai.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Anderson at (724) 257.2700
Name of Contact Person — Area Code — Daytime 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

Enclosed is a check for the following amount:

- ☐ $125.00 Filing Fee
- ☐ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy
- ☒ $160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Actionable Insights, LLC
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-3569807
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 44 N. Sharpsville Ave.
(Street Address of Principal Office)
Sharon, PA 16146

6. 44 N. Sharpsville Ave.
(Mailing Address)
Sharon, PA 16146

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jason A. Wood

Office Address: 6650 Sunset W#517

St. Pete Beach (City), Florida 33706 (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

(Registered agent's signature)

08 MAR -7 AM 8:49

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
CEO	Jason A. Wood 44 N. Sharpsville Ave. Sharon, PA 16146		
COO	William M. Anderson 44 N. Sharpsville Ave. Sharon, PA 16146		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

_____
Signature of an authorized person

William M. Anderson
Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ACTIONABLE INSIGHTS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2052063, was organized within the State of Ohio on September 30, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.

18 MAR -7 AM 9:49

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of February, A.D. 2018.

Jon Husted

Ohio Secretary of State

Validation Number: 201804502728