Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Fax Number

From:

Account Name : HARVARD BUSINESS' SERVICES; |INC.

: (302)645-1280

Account Number : I20080000045 : (302)645-7400

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

filings@delawareinc.com Email Address:

Foreign Limited Liability Company InfoAlliance Consulting LLC

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Electronic Filing Menu

Corporate Filing Menu

APPLICATION BY PC	IN FL	ORIDA	(((H18000105227
	THON 605.0902, FLORIDA STATUTES, THE F SINESS IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO R	EGISTER A FOREIGN LIMITED LIABILI
InfoAlliance Consultin	g LLC	•	
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Company," "!. L.C.," or "	LLC.")
same imasailable, enter alternate e	arne adopted for the purpose of transacting business in Flo	arida. The attenuate name must include "Lim	ited Listribus Commune ""L. L. C." or "LLC.")
Delaware	wile adopted for the purpose of transmitting trainings in the	The arms rape forms, stages particularly	and crossing company, elec, or tice.
	hich foreign lumited liability company is organized)	3. <u>(+</u>	El number, if applicable)
No transactions prior t	o registration	•	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penulty liability)	
2996 Jeff Myers Circle		6. 2996 Jeff Myers Circ	ic
(Street Address of a Sarasota, FL 34240	Principal Office)	(Mail Sarasota, FL 34240	ing Adaress)
34140 TE 54240		34143012, 11. 34240	

Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Registered Agents Inc.	, ,	* * *
Name;			· **
Office Address: $\frac{3}{2}$	3030 N. Rocky Point Dr., STE 150A		. Pú
	Tampa	, Florida <u>3360</u>	<u>7 </u>
gistered agent's accep	(City) , · . ·	5.8 Mar Maria (Zip code)
comply with the provis	ition, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.		
	(Registered agent's	signaurt)	
The name, title or capacity:	acity and address of the person(s) who he Name and Address:	as/have authority to manage is/ Titie or Capacity:	are: Name and Address:
AMBR	Terigi Ciccone	AMBR	Wei L. West
the state of the s	2996 Jeff Myers Circle	-	2996 Jeff Myers Circle
	Sarasota, FL 34240	-	Sarasota, FL 34240
		_	
se attachments if neces		_	
isdiction under the law the translator must be s . This document is exec	e of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted) ruted in accordance with section 605.020 to the Department of State constitutes a th	te is in a foreign language, a tr 3 (1) (b), Florida Statutes. I am	anslation of the certificate under oat aware that any false information
	- 240		
	Signature	r of an author/od person	
		()	

Typed or printed name of signee

n.

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Terigi Ciccone

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INFOALLIANCE CONSULTING LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFOALLIANCE CONSULTING LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2013.

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

3.i

5271500 8300 SR# 20182392160

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullech, Secretary of State

Authentication: 202441361

Date: 04-03-18

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