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TO:

Registration Section

Div	ision of Corporation	is .	•			
SUBJECT:	i3 Analytics LLC					
		Name of	Limited Liability (Company		
					ansact Business in Florida," Cer y company to transact business	
dease return	all correspondence of	concerning this matter to the	following:			
	Dino Fabrizio					
		N:	ame of Person			
	i3 Analytics LI	C				
	-	Fi	rm/Company			
	PO Box 53116.	5				
			Address			
	Orlando, Fl. 32	2853				
		City/S	tate and Zip Code			
	accounting@i3a	nalytics.com				
		E-mail address: (to be used	for future annual	report no	tification)	
For further in	nformation concernin	g this matter, please call;				
Đir	no Fabrizio		407	481-93	63	
	Name c	of Contact Person	Area Code	Day	rtime Telephone Number	
Div Reg P.O	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section duilding ecutive Center Circle see, F1, 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: □ \$130,00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certif of Status & Certified Copy	icate

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:

nne unavarlable, enter alternate i	name adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited Lish	ility Corupany," "L.L.C." or "LLC."
Delaware		3 47-4037756	
	hich foreign limited liability company is organized)	(FEJ mumb	er, if applicable)
	(Date first transacted business in Florida, if prior	In maintaine	
	(See sections 605.0904 & 605.0905, F.S. to deter	rmine penalty liability)	
219 East Livingston S	treet	6. PO Box 531165 (Mading Addr	
(Street Address of Orlando, FL 32801	Principal Office)	Orlando, FL 32853	¢13)
Olimbo, LE DEGG			7 .00
Name and <u>street addre</u> :	ss of Florida registered agent: (P.O. Be	ox <u>NOT</u> acceptable)	AHAS
Name:	Cogency Global Inc		<u> </u>
Office Address:	115 North Calhoun St Suite 4		
	Tallahassee	, Florida <u>32301</u>	97
	(City)	(Zip code) 50 m
	ions of all statutes relative to the prop is of my position as registered agent. MIMME Yours L. A	er and complete performance of my o	in this capacity. I further duties, and I am familiar
d accept the obligation	ions of all statutes relative to the prop s of my position as registered agent.	SSt. A CALLAND. has/have authority to manage is/are:	duties, and I am familiar
id accept the obligation	ions of all statutes relative to the prop is of my position as registered agent. MIANATE VICE I. A	SSt. Denne Lany	duties, and I am familiar
d accept the obligation The name, title or cap	ions of all statutes relative to the propers of my position as registered agent. MIAALT VICTOR (Registered agent (Registered agent) acity and address of the person(s) who	SSt. A CALLAND. has/have authority to manage is/are:	duties, and I am familiar
d accept the obligation The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address: Dino Fabrizio PO Box 531165	SSt. A CALLAND. has/have authority to manage is/are:	duties, and I am familiar
d accept the obligation The name, title or cap <u>Title or Capacity:</u>	ions of all statutes relative to the propers of my position as registered agent. ALAMATE VICTOR AGENT	SSt. A CALLAND. has/have authority to manage is/are:	duties, and I am familiar
d accept the obligation The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address: Dino Fabrizio PO Box 531165	SSt. A CALLAND. has/have authority to manage is/are:	duties, and I am familiar
The name, title or cap	acity and address of the person(s) who Name and Address: Dino Fabrizio PO Box 531165 OrlandoFL 32853	SSt. A CALLAND. has/have authority to manage is/are:	duties, and I am familiar
The name, title or cap Title or Capacity: Mgr	acity and address of the person(s) who Name and Address: Dino Fabrizio PO Box 531165 OrlandoFL 32853	SSt. A LANGE TO MY of SSt. A LANGE TO MY of SSt. A LANGE TO MY of Signature) has/have authority to manage is/are: Title or Capacity:	Name and Address:
The name, title or cap Title or Capacity: Mgr See attachments if neces Attached is a certificate is diction under the law	acity and address of the person(s) who Name and Address: Dino Fabrizio PO Box 531165 OrlandoFL 32853 seary) cof existence, no more than 90 days old of which it is organized. (If the certific	SSt. A CARLAND ('s signature) has/have authority to manage is/are: Title or Capacity:	Name and Address:
The name, title or cap Title or Capacity: Mgr See attachments if neces Attached is a certificate is diction under the law the translator must be s. This document is executed.	acity and address of the person(s) who Name and Address: Dino Fabrizio PO Box 531165 OrlandoFL 32853 seary) cof existence, no more than 90 days old of which it is organized. (If the certific ubmitted)	d. duly authenticated by the official harate is in a foreign language, a translation (1) (b), Florida Statutes. I am awar	Name and Address: ving custody of records in on of the certificate under that any false information
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "I3 ANALYTICS, 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 TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2018.

5748743 8300
SR# 20187734191
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203980238

Date: 11-28-18