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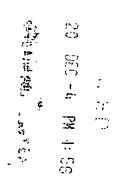
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U BJECT :	Iodine Software, LLC			
Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.		
ease return	all correspondence concerning this matter t	o the following:		
	Mary Bates			
	Name of Person			
	State Tax Advisors			
	Firm/Company			
	23740 Woodford Place Dr.			
	Address			
	Kingwood, Texas 77339			
	C	ity/State and Zip Code		
	lodine@statetaxadvisors.com			
	E-mail address: (to be	used for future annual report notification)		
or further in	formation concerning this matter, please ca	II:		
Mary Bates		832 644-6248 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		
Encl	losed is a check for the following amount:			

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

IN COMPLIANCE WITH SECTION 608.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: I. Iodine Software, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter therman name adopted for the purpose of transacting leasiness in Florids. The observate name ment include "Limited Linblity Company," "L.L.C." or "LLC." 27-3224566 Durisdiction under the law of which foreign tension liability company is organized (FEI emaber, if applicable) 6850 Austin Center Blvd. Suite 350 6850 Austin Center Blvd. Suite 350 6. (Moling Address)). (Street Address of Principal Office) Austin, Texas 78731-3149 Austin, Texas 78731-3149 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address:

Registered agent's acceptance:

Tallahassee

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.

Lyan M. Cannelongo Lynn M. Cannelongo, AVP

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capaci	ty: Name and Address:
■Manager	Name: William Chan	Manager	Name: Michael Lovell
□Member	Address: 6850 Austin Center Blvd.	□Member	Address: 6850 Austin Center Blvd.
□Authorized	Suite 350	□Authorized	Suite 350
Person	Austin, Texas 78731-3149	Person	Austin, Texas 78731-3149
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other	□Other	Other	□ Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□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.

- 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			
Michael Lovell				
	Turned or printed name of signer			

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Iodine Software, LLC (file number 801302477), a Domestic Limited Liability Company (LLC), was filed in this office on August 05, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 06, 2020.



Ruth R. Hughs Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/
Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
Prepared by: SOS-WEB TID: 10264 Document: 1006298140004