

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**M2100000194**

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : C T CORPORATION SYSTEM  
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Phone : (614)280-3338  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

## Foreign Limited Liability Company

## LeadQual, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT  
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. LeadQual, LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "L.L.C.")

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

2. Delaware  
(Jurisdiction under the laws of which foreign limited liability company is organized)

3. 30-0347932  
(FPI 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. 237 A Street #97394  
(Street Address of Principal Office)

6. 237 A Street #97394  
(Mailing Address)

San Diego, CA 92101

San Diego, CA 92101

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


Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee Florida 33470  
(City) (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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am, and accept the obligations of my position as registered agent.*



Amber Ragland on behalf of InCorp Services, Inc.

(Registered agent's signature)

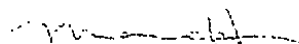
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or person manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Katy Keim</u>	<input type="checkbox"/> Manager	Name: <u>                    </u>
<input type="checkbox"/> Member	Address: <u>237 A Street #97394</u>	<input type="checkbox"/> Member	Address: <u>                    </u>
<input type="checkbox"/> Authorized	<u>San Diego, CA 92101</u>	<input type="checkbox"/> Authorized	<u>                    </u>
Person	<u>                    </u>	Person	<u>                    </u>
<input type="checkbox"/> Other <u>                    </u>	<input type="checkbox"/> Other <u>                    </u>	<input type="checkbox"/> Other <u>                    </u>	<input type="checkbox"/> Other <u>                    </u>
 <input type="checkbox"/> Manager	 Name: <u>                    </u>	 <input type="checkbox"/> Manager	 Name: <u>                    </u>
<input type="checkbox"/> Member	Address: <u>                    </u>	<input type="checkbox"/> Member	Address: <u>                    </u>
<input type="checkbox"/> Authorized	<u>                    </u>	<input type="checkbox"/> Authorized	<u>                    </u>
Person	<u>                    </u>	Person	<u>                    </u>
<input type="checkbox"/> Other <u>                    </u>	<input type="checkbox"/> Other <u>                    </u>	<input type="checkbox"/> Other <u>                    </u>	<input type="checkbox"/> Other <u>                    </u>
 <input type="checkbox"/> Manager	 Name: <u>                    </u>	 <input type="checkbox"/> Manager	 Name: <u>                    </u>
<input type="checkbox"/> Member	Address: <u>                    </u>	<input type="checkbox"/> Member	Address: <u>                    </u>
<input type="checkbox"/> Authorized	<u>                    </u>	<input type="checkbox"/> Authorized	<u>                    </u>
Person	<u>                    </u>	Person	<u>                    </u>
<input type="checkbox"/> Other <u>                    </u>	<input type="checkbox"/> Other <u>                    </u>	<input type="checkbox"/> Other <u>                    </u>	<input type="checkbox"/> Other <u>                    </u>

Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes; 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate 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 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

Mandy G. Hale/Vice President, Finance & Human Resources

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEADQUAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF FEBRUARY, A.D. 2021.

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



  
Jeffrey W. Bullock, Secretary of State

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SR# 20210445106

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 20

Date: 1