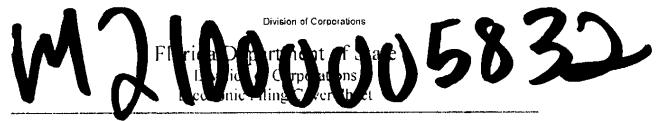
- Page: 2 of 5

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From: Kimberty Laughrey

5/13/2021



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 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.\*\*

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## Foreign Limited Liability Company Agility PR Solutions LLC

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From: Kimberly Laughrey

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

IN COMPLANCE WITH SECTION (45.0402, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FORFIGN	LIMITED LIABILITY

CT Corporation System  Name:    1200 South Pine Island Road	Agility PR Solutions LLC				
Delaware    Our distribution of the foreign has ed to hilling company a organized   3.   (FEI number, if applicable)    Our distribution costs to hilling company a organized   3.   (FEI number, if applicable)    Our distribution costs to hilling a company a organized   (Ser section costs) (Ser section cos	(Name or Fereign Li	mited Liability Cempany; mist include "Limited	d Liability	Company," "L. L.C., " or "LLC.")	
Delaware    Our first immaced butlets in Plants if reprinted   3.   (PEI number, if spipleable)					
(Date first izanascine basters in Florida, if prior to registration.) (See section 168,0001 8 (40,0002, r.S. to determine penalty liability)  55 Challenger Road  55 Challenger Road  6. (Mailing Address)  Suite 202  Suite 202  Ridgefield Park, NI 07660  Ridgefield Park, NI 07660  Ridgefield Park, NI 07660  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  Name:  1200 South Pine Island Road  Office Address:  Plantation  Florida  (Cny)  Registered agent's acceptance:  Having been named as registered ugent and to accept service of process for the above stated limited thabitity company or the placety in this application. I hereby accept the uppointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar ward and accept the ubfligations of my position as registered agent.  CT Corporation System  Kimberly Laughtery,  Assistant Secretary	name onas aslabie, entes alternase ma	ne adopted for the purpose of transacting business in Fl	loride The	ilternate name must include "Limited Liability C	ompany," "I_LC," or "LLC
(Date first izanascine basters in Florida, if prior to registration.) (See section 168,0001 8 (40,0002, r.S. to determine penalty liability)  55 Challenger Road  55 Challenger Road  6. (Mailing Address)  Suite 202  Suite 202  Ridgefield Park, NI 07660  Ridgefield Park, NI 07660  Ridgefield Park, NI 07660  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  Name:  1200 South Pine Island Road  Office Address:  Plantation  Florida  (Cny)  Registered agent's acceptance:  Having been named as registered ugent and to accept service of process for the above stated limited thabitity company or the placety in this application. I hereby accept the uppointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar ward and accept the ubfligations of my position as registered agent.  CT Corporation System  Kimberly Laughtery,  Assistant Secretary	i)elaware			•	
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Ridgefield Park, NJ 07660  CT Corporation System  Name:    1200 South Pine Island Road			6	55 Challenger Road	
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Plantation 33324  (Copy)  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 of designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my ducies, and I em familiar wand accept the obligations of my position as registered agent.  CT Corporation System  CT Corporation System  Assistant Secretary	Office Address:				
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Assistant Secretary	and accent the obligation	is of my position as registered agent. $$		Laughre Kimberly Laughre	.v,
	coops are arrangement	P	· ·		

From: Kimberly Laughrey

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):

2021-05-13 06:42:42 CST

Title or Capacity:	Name and Address:	Title or Capacity:	<u>:</u>	Name and Address:
ElManager	Name: Innodata Inc.	□Manager	Name:	
<b>E</b> Member	Address: 55 Challenger Road		Address:	<u> </u>
□Authorized	Suite 202			
Person	Ridgefield Park, NJ 07660	Porcen		
□Other			· · ·	□Other
□Manager	Name:	□Manager	Name	
-		<del>-</del>		
□Member	Address:	□Member	Address:	
□Authorized		\Bar\text{Authorized}		
Person		Person	······································	
□Other		Other	<del></del>	□Other :
		,	,,	
□Manager	Name:		Name:	
□Member	Address:	Member	Address:	· ·
□Authorized	:	_		·: 
Person		Person		
Other	□Other	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Amy Agress Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "AGILITY PR SOLUTIONS 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 TWELFTH DAY OF MAY, A.D. 2021.

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

at corp.delaware.gov/authy

Authentication: 203191322

Date: 05-12-21