

# M220000004871

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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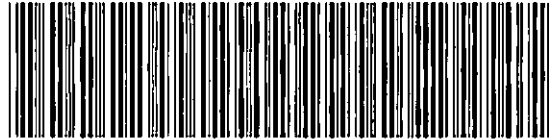
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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STATE OF OHIO  
TALLMADGE, OHIO

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S. ROBERTS

MAR 31 2022

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 03-31-22

**NAME:** DOXIM IDS LLC

**TYPE OF FILING:** APPLICATION FOR AUTHORITY

**COST:** 1180.00 - *Check Attached*

**RETURN:** PLAIN COPY PLEASE

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**AUTHORIZATION:** ABBIE/PAUL HODGE

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**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:*

1. Doxim IDS LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Michigan 3. 46-5287578  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 1, 2018  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Intelligent Document Solutions Inc. 6. 2200 Production Drive  
(Street Address of Principal Office) (Mailing Address)

747 E. Whitcomb Ave

Indianapolis, IN 46241-4912

Madison, MI 48071-1409

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

Name: Florida Filing & Search Services Inc.

Office Address: 155 Office Plaza Drive, Suite A

Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, FL

**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 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.*

Abbie P. Hodge  
(Registered agent's signature)

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:**

☐ Manager      Name: See attached Exhibit A  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
                 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
                 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
                 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
                 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

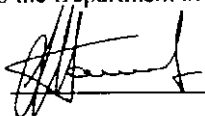
☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
                 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
                 Person \_\_\_\_\_  
☐ 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

Steven Horniak

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

EXHIBIT A

8.

Steven Horniak, Manager  
1380 Rodick Rd, Ste 102  
Markham, ON L3R 4G5 Canada

Jeff Sheu, Manager  
1380 Rodick Rd, Ste 102  
Markham, ON L3R 4G5 Canada

John Wang, Manager  
1380 Rodick Rd, Ste 102  
Markham, ON L3R 4G5 Canada

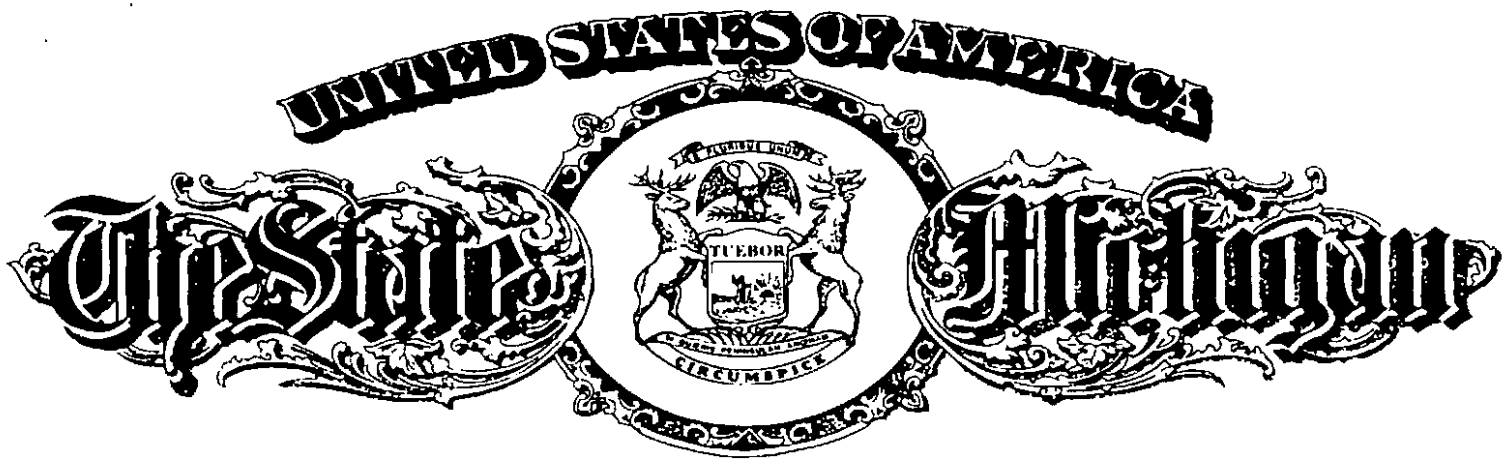
Chris Rasmussen, Manager  
1380 Rodick Rd, Ste 102  
Markham, ON L3R 4G5 Canada

Sean Turner, Manager  
1380 Rodick Rd, Ste 102  
Markham, ON L3R 4G5 Canada

Tom Dolan, Manager  
1380 Rodick Rd, Ste 102  
Markham, ON L3R 4G5 Canada

John Ensign, Manager  
1380 Rodick Rd, Ste 102  
Markham, ON L3R 4G5 Canada

Mike Rogalski, Manager  
1380 Rodick Rd, Ste 102  
Markham, ON L3R 4G5 Canada



**Department of Licensing and Regulatory Affairs**  
Lansing, Michigan

*This is to Certify That*  
**DOXIM IDS LLC**

*was validly authorized on March 13, 2014, as a Michigan*  
**DOMESTIC LIMITED LIABILITY COMPANY**  
*and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 28th day of March, 2022.*

*Linda Clegg*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 22030857106