

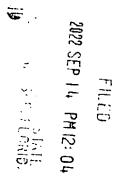
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	i2i Global Technology Solutions LLC						
Name of Limited Liability Company							
The end Existen	closed "Application by Foreign Limited Liability ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.					
Please i	return all correspondence concerning this matter t	o the following:					
	Virna Sayegh						
		Name of Person					
	i2i Global Technology Solutions LLC						
		Firm/Company					
	920 Jaysmith St						
		Address					
	Great Falls VA 22066						
	City/State and Zip Code						
	virnas@i2iglobaltechnology.com						
	E-mail address: (to be	e used for future annual report notification)					
For furt	ther information concerning this matter, please ca	II:					
Virna Sayegh		703 4880266 at ()					
	Name of Contact Person	Area Code Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DER LI \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	re & LJ \$155 00 Filing Fee & D \$160.00 Filing Fee, Certificate					

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

i2i Global Technology	Solutions LLC Limited Liability Company; must include "Limited				
(Name of Foreign	Limited Liability Company; must include "Limited	Liability	Company," "U.L.C.," or "LLC,")		
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	orda The	alternate name must include "Emnited Liability Company," "L.L.C," or "LEC		
Commenwealth of Virg	inia		82-4377501		
Garisdiction order the law of w	tuch toreign himsed hability company is organized)	3	(Flsf number, if applicable)		
N/A					
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	egistration ic penalty) hability)		
920 Jaysmith St			920 Jaysmith St		
Street Address of Principal Office)		0.	(Mailing Address)		
Great falls, VA 22066		Great falls, VA 22066			
Name:	Tatiana Sayegh				
Office Address:	Office Address: 2428 Mandan Trl				
	Winter Park (Cay)		32789-1319 , Florida		
	(Cuy)		∠sp code)		
lesignated in this applica o comply with the provisi	gistered agent and to accept service of pr tion, I hereby accept the appointment as	registo	for the above stated limited liability company at the plored agent and agree to act in Mis; capacit 1 further applete performance of my duties; and I am familiar w		
	Methodology aftern a sol	gualyes (THE PHIE		

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 Capacity	<u>.</u>	Name and Address:
≣Manager	Name: Virna Sayegh	□Manager	Name:	
∰Member	Address: 920 Jaysmith St	□Member	Address:	
≅ Authorized	Great Falls, VA 22066	[]Authorized		
Person		Person		
President Other	EiOther	□Other		□Other
l lManager	Name:	□Manager	Name:	
E1Member	Address:	[]Member	Address	
L. Authorized		[]Authorized		
Person		Person		
EIOther	□Other	E!Other	***************************************	□Other
LIManager	Name:	∏Manager	Name:	
L7Member	Address:	□Member		
El Authorized		[]Authorized		
Person		Person		
i_lOther	Other	□Other		[JOther

<u>Important Notice:</u> 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 filling 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

Virna Sayegh/ President

Typed or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That 12i Global Technology Solutions LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on January 30, 2018; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

September 9. 2022

Bernard J. Logan. Clerk of the Commission