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Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future
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Email Address: _____

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**Foreign Limited Liability Company
INIZIO EVOKE COMMS LLC**

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Certified Copy	1
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. INIZIO EVOKE COMMS 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. PENNSYLVANIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FID 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. 800 TOWNSHIP LINE ROAD, SUITE 300

(Street Address of Principal Office)

6. 800 TOWNSHIP LINE ROAD, SUITE 300

(Mailing Address)

YARDLEY, PA 19067YARDLEY, PA 190677. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Capitol Corporate Services, Inc.Office Address: 515 East Park Avenue 2nd FlTallahassee, Florida 32301
(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 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.

Shawna L. Smith

(Registered agent's signature)

Shawna L. Smith, Asst. Secretary on
behalf of Capitol Corporate Services, Inc.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 AUG 14 PM 4:41

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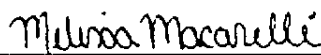
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Reid Connolly</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>800 Township Line Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 300</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Yardley, PA 19067</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Melissa Macarelli</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>800 Township Line Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 300</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Yardley, PA 19067</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Martin Morrow</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>800 Township Line Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 300</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Yardley, PA 19067</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Melissa Macarelli

Typed or printed name of signer

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Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Inizio Evoke Comms LLC
Request Type: Subsistence Certificate **Issuance Date:** August 14, 2024
Request No.: 041060116 **File No.:** 0000677515
Receipt No.: 001175708
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: November 02, 1978
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Inizio Evoke Comms LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov