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COVER LETTER

TO: Registration Section Division of Corporation	s	, ,		
SUBJECT: CivicServe	Inc.			
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corpor	ertificate of Good Stan	ding" and check are submitted		
Please return all correspondence	concerning this matter	to the following:		
John Dilenschneide	er			
	Name of	Person		
CivicServe Inc.				
	Firm/Com	pany		
207 W Jefferson St	reet, Suite 501	1		
	Addre	CSS CSS		
Bloomington, IL 61	701			
	City/State a	nd Zip code		
jdilenschneider@civio	cserve.com			
E-ma	il address: (to be used f	or future annual report notific	ration)	
For further information concerni	ng this matter, please c	all:		
John Dilenschneide	er _{at (} 630	, 432-3900		
Name of Person	Area Code	e Daytime Telephone	Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Section Division of Corpora P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	RIDA DEPARTMENT	OF STATE 3 \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	able in Florida, enter alternate corporate name	adopted for the purpose of transacting b	ousiness in Florida)	
Delaware 3.		88-3109527		
	y under the law of which it is incorporated)	(FEI number, if appli	cable)	
07/06/202	<u>22 </u>	(Date of duration, if other tha		
	of incorporation)	(Date of duration, if other tha	ate of duration, if other than perpetual)	
1/30/2023				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	i Florida, if príor to registration) 502, F.S., to determine penalty liability)		
207 W Jeff	ferson Street, Suite 501, Blo			
	 	cc <u>street</u> address)		
	•			
	(Current mailin	g address, if different)	20	
			202: !	
 Name and <u>street address</u> of Florida registered agent: (P.C). Box NOT acceptable)	1. j 1. j	
Name:	Registered Agents Inc			
or All	7901 4th St N STE 300		ج لیب	
ffice Address:			5: 5	
	St. Petersburg	, Florida 33702	$\tilde{\sigma}$	
	(City)	(Zip code)		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

A. DIRECTORS Chairman Vice Chairman Director	Name: John Dilenschneider Address: 1034 Benelli Park Ct Franklin TN 37064	□Chairman □Vice Chairman □Director	Name: Monica Dilenschenider Address: 1034 Benelli Park Ct. Franklin TN 37064
President		□ President	
/		Vice President	
Secretary	Treasurer	☐ Secretary	
Other	□Other	□Other	Other
□Chainnan	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□ Vice President	
□Secretary	□Treasurer	☐ Secretary	Treasurer
□Other	Other	□Other	Other
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□ Director	
□President		□ President	
□Vice President		□Vice President	
□ Secretary	Treasurer	☐ Secretary	☐ Treasurer
□Other	□Other	□Other	Other
Important Notice: individuals may be	Se an attachment to report more than six (6). The adolest of the index when filing your Florida Depa	irtment of State Annual Re	d for reporting purposes only. Non-indexed port form.

The officer of director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.



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

DELAWARE, DO HEREBY CERTIFY "CIVICSERVE, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIVICSERVE, INC." WAS INCORPORATED ON THE SIXTH DAY OF JULY, A.D. 2022.

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

e at corp delaware gov/aut

Authentication: 202972468

Date: 03-22-23

6899336 8300 SR# 20230885097