(Requestor's Name)	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 984823 8151538
AUTHORIZATION : Spelle le man

COST LIMIT : \$ 70.00

ORDER DATE: September 1, 2021

ORDER TIME: 8:28 AM

ORDER NO. : 984823-005

CUSTOMER NO: 8151538

FOREIGN FILINGS

NAME: ACTIVATED INSIGHTS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

TO:		tration Section on of Corporations				
SUBJ	ECT:	Activated Insights, Inc.				
50,50		Name o	f corporation	ı - mu	st include suffix	
Dear S	ir or M	adam:				
"Certif	icate of	"Application by Foreign Confession Existence," or "Certificate ced foreign corporation to tra	of Good Star	ding"	and check are submitt	
Please	return a	all correspondence concernit	ng this matter	r to th	e following:	
Laura F	Ewing					
			Name of	Perso	n	<u></u>
Activat	ed Insig	hts, Inc.				
		<u> </u>	Firm/Com	ıpany		
1722 R	outh Str	eet, Floor 9				
			Addro	ess		
Dallas,	TX 752	01				
			City/State a	nd Zij	o code	
lewing(@activa	tedinsights.com				
		E-mail address:	(to be used t	for fut	ure annual report notif	ication)
For fur	ther inf	Cormation concerning this ma	atter, please o	all:		
Laura E	Ewing		at (4(07-6450	
	Name	of Person	Area Cod	/ e	Daytime Telephone	e Number
	Regist Divisi The C 2415 I	ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	:		MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
	nake cho	check for the following amore eck payable to: FLORIDA DE ng Fee	PARTMENT Fee & [3 \$78.	_	\$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.

(If name unavai	lable in Florida, enter alternate corporate name ad	· · · · · · · · · · · · · · · · · · ·	business in Florida)	
DE	$\frac{3.}{}$	32-3046374		
	ry under the law of which it is incorporated)	(FEI number, if applicable)		
9/22/2017	5			
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)	Plorida, if prior to registration) 2, F.S., to determine penalty liability)	
722 Routh Stree	et, Floor 9. Dallas, TX 75201			
	(Principal office	street address)		
	(Current mailing	address, if different)		
			2021 SEF -2	
Name and stre	eet address of Florida registered agent: (P.O. 1	Box NOT acceptable)	3.5	
Name:	Corporation Service Company			
	1201 Hays Street	_	<i>^</i> \> ;=	
ice Address:			PH 4:48	
	Tallahassee	Florida	4:1	
	(City)	(Zip code)	ά	

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.

A. DIRECTORS Jacquelyn Kung □ Chairman Chairman Name: 1722 Routh Street, Floor 9 □Vice Chairman Address: _ □ Vice Chairman Address: ______ Dallas, TX 75201 □ Director Director □President □President □Vice President □ Vice President ☐ Treasurer □ Secretary ☐ Treasurer ☐ Secretary □Other _____ □ Other _____ □Other _____ □Other _____ Name: _____ □ Chairman Name: □ Chairman □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □ President □President ☐ Vice President ☐ Vice President □ Treasurer □ Secretary □ Treasurer □ Secretary □Other _____ □Other _____ Other Other Name: _____ □ Chairman □ Chairman Name: □Vice Chairman Address: ☐Vice Chairman Address: □Director □Director President □President □Vice President □ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other _____ □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.

The officer or 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 s.817.155. F.S.

Signature of Director or Officer

lacaushia Kuna

Jacquelyn Kung

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ACTIVATED INSIGHTS, 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 FIRST DAY OF SEPTEMBER, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACTIVATED INSIGHTS, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2017.

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

THE YES OF THE PARTY OF THE PAR

Authentication: 204063556

Date: 09-01-21