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INTELLIGENCE SOLUTIONS, INC.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

#### COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Intelligence Solutions Inc.			
	corporation - must include suffix		
Dear Sir or Madam:			
	oration for Authorization to Transact Business in Florida,"  [Good Standing" and check are submitted to register the  neact business in Florida.		
Please return all correspondence concerning	this matter to the following:		
Michael A. Reizbach			
	Name of Person		
Intelligence Solutions Inc.			
	Firm/Company		
2765 Fellwood Lane			
	Address		
Melbourne, FL 32904			
	(ity/State and Zip code		
maretzbach@intelligencesolutions.com			
E-mail address:	to be used for future annual report notification)		
For further information concerning this mat	ter, please call:		
Michael A. Retzbach	703 554-9394		
Name of Person	Area Code Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amout Please make check payable to: FLORIDA DEP S70.00 Filing Fee S78.75 Filing Certificate of	ARTMENT OF STATE  lee & S78.75 Filing Fee & S87.50 Filing Fee,  Status Certified Copy Certificate of Status &		
	Status Certified Copy Certificate of State 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.

Intelli	igence Solu	itions,Inc.				
(Enter	name of ce "Co.," "Co	orporation: must include "INCORPO orp," "Inc," "Co," or "Corp,")	DRATED,"	"COMPANY," "CORPORATIO	N."	
		ible in Florida, enter alternate corpo			ng business in Florida)	
2. Virgin			_!3	37-1498947		
(State 10/28/4.	•	y under the law of which it is incorp	orated) 5	(FEI number, if appearing the distribution of		
(Date of incorporation)			(Date of duration, if other	than perpetual)		
6. 15th /	April 2024					
		(SEE SECTIONS 607.150		Florida, if prior to registration) 02, F.S., to determine penalty liabil	ity)	
7	ellwood La	ine, Melbourne, FL 32904				
2305 N	Ainton Roa	(Pri d #121002, Melbourne, FL 32912-1	'	e <u>street</u> address)		
		(Cur)	ent mailing	address, if different)	200	
	and <u>stree</u> Name:	t address of Florida registered ag Michael A. Retzbach	ent: (P.O.	Box NOT acceptable)	5FEB 18	APPROV
Office Ar	ddress:	2765 Fellwood Lane			PM 3: 42	
Office Address.		Melbourne		. Florida 32912-1002		
		(City)		(Zip code)		
Having b designate further a	been name ed in this agree to co	nt's acceptance: ed as registered agent and to acc application, I hereby accept the amply with the provisions of all; with and accept the obligations	appointme statutes rei of my poss	ent as registered agent and agr lative to the proper and comple ition as registered agent. DACLY	ee to act in this capac	ity. T
		(Registered	agent's sig	nature)		
10. Attac	ched is a c	ertificate of existence duly author	nticated, n	ot more than 90 days prior to d	elivery of this applica	tion to

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS						
□ Chairman	Name: Michael A. Retzbahc	□ Chairman	Name: Lisa M. Kaintoch			
□Vice Chairman	2765 Fellwood Lane Address:	□Vice Chairman	Address:			
□Director	Melbourne, FL 329012-1002	□Director	McLean, VA 22101			
President		□President				
□ Vice President		□Vice President				
□ Secretary	☐ Treasurer	Secretary	Treasurer			
□ Other	Other	□Other	□ Other			
□ Chairman	Name:	□Chai <del>r</del> man	Name:			
	Address:		Address:			
□ Director	Addition.	☐ Director				
□ President		□President				
Li 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	OOther	□ Other	□Other			
Important Notice: Use an attachment to report more than sex (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.  12. Signature of Director or Officer						
she is aware that fa \$.817.155, F.S.	stor signing this document (and who is listed in numb lse information submitted in a document to the Depar	er 11 above) affirms th	at the facts stated herein are true and that he or			
13. Michael A R	etzbach (Typed or printed name and capacity of per-	an cimina annlication	i i			
	i rypea or printed name and capacity or per-	on vikunk abburguna	7			

## Commonwealth of Hirginia



## State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Intelligence Solutions, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on October 28, 2004;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing 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:

February 18, 2025

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2025021821413781