



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

1242179.09tsemones
ADD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 11/14/2022 2:43 PM
 Fee Receipt: \$90.00

Division of Business Filings
Business Filings
 PO Box 718, Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a : ☒ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273) ☐ professional service corporation (KRS 274)
☐ business trust (KRS 386) ☐ limited liability company (KRS 275) ☐ professional limited liability company (KRS 275)
☐ limited partnership (KRS 362) ☐ ltd cooperative assn. (KRS) ☐ statutory trust
☐ non-profit llc (KRS 275) ☐ cooperative assn. (KRS)

2. The name of the entity is Intelisys, Inc.
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is South Carolina

5. The date of organization is 6/3/2016 and the period of duration is _____
 (If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
6 LOGUE COURT GREENVILLE SC 29615
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 W Main Street, Suite 512 Frankfort KY 40601
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is Vcorp Services, LLC

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

John DeLozier	6 LOGUE COURT	GREENVILLE	SC	29615
Name	Street or P.O. Box	City	State	Zip Code
Mary Gentry	6 LOGUE COURT	GREENVILLE	SC	29615
Name	Street or P.O. Box	City	State	Zip Code
Stephen Jones	6 LOGUE COURT	GREENVILLE	SC	29615
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

Please indicate the Kentucky county in which your business operates:

County: Knox

To complete the following, please shade the box completely.

Please indicate the size of your business:

- ☐ Small (Fewer than 50 employees)
☒ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- ☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

- ☐ Agriculture ☐ Mining ☒ Services ☐ Construction
☐ Wholesale Trade ☐ Retail Trade ☐ Manufacturing ☐ Finance, Insurance, Real Estate
☐ Public Administration ☐ Transportation, Communications, Electric, Gas, Sanitary Services

Decided by:

John DeLozier

John DeLozier, President

November 11, 2022

Signature of Authorized Representative

Printed Name & Title

Date

I, Taylor Lolya

consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

Taylor Lolya

Secretary of Vcorp Services, LLC

10/26/22

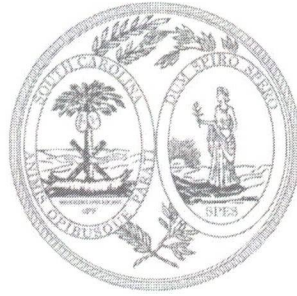
Signature of Registered Agent

Printed Name

Title

Date

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

INTELISYS, INC., a corporation duly organized under the laws of the State of South Carolina on June 3rd, 2016, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 25th day
of October, 2022.


Mark Hammond, Secretary of State