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(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:

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COVER LETTER

TO: New Filing Section Division of Corporations		••
SUBJECT: Imperium Develop	oment, Inc.	•
	corporation - must include suffix)	
Dear Sir or Madam:	,	•
	oration for Authorization to Transact Business in mitted to register the above referenced foreign or	
Please return all correspondence concerning t	this matter to the following:	•
Mark D. Robbins	•	
	(Name of Person)	
Imperium Development, Inc	С.	
	(Firm/Company)	
9000 Sheridan Street - PMI	B #16	
	(Address)	
Pembroke Pines, FL 33024	4	
(C	City/State and Zip code)	
For further information concerning this matte	er, please call:	2000 SE
Mark D. Robbins	(954 ₎ 441-4136	TAKE JUL 1
(Name of Person)	(Area Code & Daytime Telephone Number)	SEE 6
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	PH 1: 33
Enclosed is a check for the following amount	t:	
\$70.00 Filing Fee \$78.75 Filing Fee Certificate of St	tatus Certified Copy Certifi	Filing Fee, cate of Status & ed 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.

(Enter name of	n Development, Inc.	" "COMPANY" "CORPORATION"
	Corp," "Inc," "Co," or "Corp.")	, COMPANT, CONFORMATION,
(If name unavai	lable in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)
Delawar	e 3.	26-1441267
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
11-19-07	7 5.	Perpetual
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)
9000 Sh		Pembroke Pines, FL 33024
3000 011	(Principal office add	
same as	•	
	(Current mailing add	lress)
	velopment	7A. S. Z.
	velopment s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)
(Purpose(O. Box NOT acceptable)
(Purpose(s) of corporation authorized in home state or co	(SE)
(Purpose(Name and stree) Name:	s) of corporation authorized in home state or coret address of Florida registered agent: (P.C.	uite 206
(Purpose) Name and stre	s) of corporation authorized in home state or content address of Florida registered agent: (P.C. Mariano J. Rodriguez, CPA	SSEE J

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Begistered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Kyle A. Mowitz Address: 9000 Sheridan Street - PMB #16 Pembroke Pines, FL 33024 Vice Chairman: Mark D. Robbins Address: 9000 Sheridan Street - PMB #16 Pembroke Pines, FL 33024 Director: Angel E. Mendez Address: 9000 Sheridan Street - PMB #16 Pembroke Pines, FL 33024 **B. OFFICERS** President: Kyle A. Mowitz Address: 9000 Sheridan Street - PMB #16 Pembroke Pines, FL 33024 Vice President: Address: _ Secretary: / Executive VP: Mark D. Robbins Address: 9000 Sheridan Street - PMB #16, Pembroke Pines, FL 33024 Treasurer: / Executive VP: Angel E. Mendez Address: 9000 Sheridan Street - PMB #16, Pembroke Pines, FL 33024 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Kyle A. Mowitz, President

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMPERIUM DEVELOPMENT, 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 THIRD DAY OF JUNE, A.D. 2008.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMPERIUM DEVELOPMENT, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2007.

4459921 8300

080657136

You may verify this certificate online at corp.delaware.gov/authver.shtml

Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 6632183

DATE: 06-03-08

Varuet Smile Winds