

B24000000307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

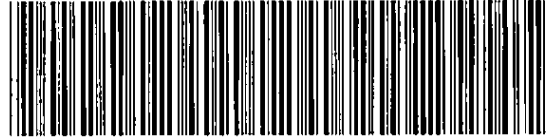
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Rec'd 10-3-24

Office Use Only



400435543574

08/30/24--01003--006 441000.00

FILED  
2024 OCT -3 PM 2:10  
SEC. OF STATE  
TALLAHASSEE, FL

M. SOLOMON  
OCT - 3 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blind Dog Productions LTD. dba iZone Imaging

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Cindy Eno

Contact Person

iZone Imaging

Firm/Company

2526 Charter Oak Dr. Suite 100

Address

Temple, TX 76502

City, State and Zip Code

cindy.eno@izoneimaging.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Eno

at (254) 34-8207

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fee<br>( \$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|--|---|---|---|

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2024 OCT -3 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. Blind Dog Productions, LTD

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.

iZone Imaging LTD

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Texas, USA

State or Country of Formation

3. 8/29/2003

Date of Formation

4. Federal Employer Identification Number 200088522

5. Name of Registered Agent for Service of Process and Florida Street Address:

Liskey, Stephanie

10500 Brook Trout Ct.

Orlando, FL 32825

6. 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.

S. S. Liskey

Signature of Registered Agent

7. Principal Office:

iZone Imaging

2526 Charter Oak Dr. Suite 100

Temple, TX 76502

8. Mailing Address:

iZone Imaging

PO Box 368

Temple, TX 76503

SECRET  
STATE OF FLORIDA  
TALLAHASSEE, FL

2024 OCT -3 PM 12:10

FILED

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Mike MacEachern

Name of General Partner:

Street Address: 4125 Antelope Trail

Street Address:

Temple, TX 76504

Mailing Address: PO BOX 368

Mailing Address:

Temple, TX 76503

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Signed this 29 day of August, 2024

Mike MacEachern

Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

**FILED**  
2024 OCT -3 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Limited Partnership for BLIND DOG PRODUCTIONS, LTD. (file number 800221962), a Domestic Limited Partnership (LP), was filed in this office on July 07, 2003.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 28, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2024

CINDY ENO  
IZONE IMAGING  
2526 CHARTER OAK DR. SUITE 100  
TEMPLE, TX 76502

SUBJECT: IZONE IMAGING LTD  
Ref. Number: W24000135567

We have received your document for IZONE IMAGING LTD and check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain the name and business address of each general partner.(Note: All non-individual general partners must have an active registration with the Florida Dept. of State.)

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Operations Manager A

Letter Number: 524A00021858