

F1300001277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

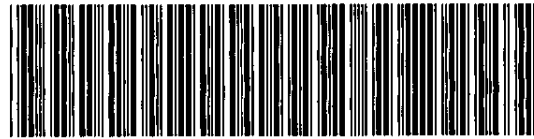
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR 21 AM 10:44

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2013

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: INTERACTIVE MARKETING RESOURCES, INC.
Ref. Number: W13000016774

We have received your document for INTERACTIVE MARKETING RESOURCES, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

Please correct #4 on the application to be consistent with the certificate.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 413A00006798

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 573523 7929761

AUTHORIZATION :

COST LIMIT : \$70.00

[Signature]

ORDER DATE : March 18, 2013

ORDER TIME : 9:42 AM

ORDER NO. : 573523-001

CUSTOMER NO: 7929761

FOREIGN FILINGS

NAME: INTERACTIVE MARKETING
RESOURCES, 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: Susie Knight -- EXT# 52956

EXAMINER: _____

**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.*

1. INTERACTIVE MARKETING RESOURCES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

IMR, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 34-1781213

(FEI number, if applicable)

4. 8/25/1994

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2338 IMMOKALEE ROAD SUITE 168 NAPLES, FL 34110

(Principal office address)

2338 IMMOKALEE ROAD SUITE 168 NAPLES, FL 34110

(Current mailing address)

8. MARKETING/CONSULTING

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

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.

Corporation Service Company

By: Sue G. Knight

(Registered agent's signature)

Sue G. Knight
Assistant Vice President

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: TIMOTHY B. CANTWELL

Address: 8990 QUARRY DRIVE
NAPLES, FL 34120

Vice Chairman: _____

Address: _____

Director: TIMOTHY B. CANTWELL

Address: 8990 QUARRY DRIVE
NAPLES, FL 34120

Director: KIMBERLY S. CANTWELL

Address: 8990 QUARRY DRIVE
NAPLES, FL 34120

B. OFFICERS

President: TIMOTHY B. CANTWELL

Address: 8990 QUARRY DRIVE
NAPLES, FL 34120

Vice President: _____

Address: _____

Secretary: KIMBERLY S. CANTWELL

Address: 8990 QUARRY DRIVE, NAPLES, FL 34120

Treasurer: TIMOTHY B. CANTWELL

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. , President

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. TIMOTHY B. CANTWELL, PRESIDENT

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

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERACTIVE MARKETING RESOURCES, 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 TWENTIETH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTERACTIVE MARKETING RESOURCES, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 1994.

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


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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 21 AM 8:13

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0297858

DATE: 03-20-13