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Florida Department of
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: *lindsey@immersedgames.com*

FOREIGN PROFIT/NONPROFIT CORPORATION

Immersed Games, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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OCT 16 2014

S. GILBERT

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

H14000241359 3

**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.**

Immersed Games, Inc.

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

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

2. Delaware 3. 46-2375085
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 23, 2013 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. September 1, 2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 308 W University Ave, Gainesville, FL 32601
(Principal office address)

1622 NE 40th Place, Gainesville, FL 32609
(Current mailing address)

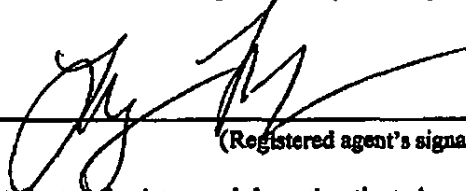
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Lindsey Tropf

Office Address: 1622 NE 40th Place
Gainesville, Florida 32609
(City) (Zip code)

9. 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.


(Registered agent's signature)

10. 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. ✓

H14000241359 3

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

H14000241359 3

A. DIRECTORS

Chairman: Lindsey Trof
1622 NE 40th Place
Address: Gainesville, FL 32609

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Lindsey Trof
1622 NE 40th Place
Address: Gainesville, FL 32609

Vice President: _____

Address: _____

Secretary: Lindsey Trof
1622 NE 40th Place, Gainesville, FL 32609

Address: _____

Treasurer: Lindsey Trof
1622 NE 40th Place, Gainesville, FL 32609

Address: _____

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

12. _____

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.

13. Lindsey Trof, Chief Executive Officer

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

H14000241359 3

H14000241359 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMMERSED GAMES, 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 FOURTEENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMMERSED GAMES, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2013.

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.

5309104 8300

141291538

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1778694

DATE: 10-14-14

H14000241359 3

H14000241284 3

SECRETARY OF STATE




CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TMS TREATMENT CENTERS OF AMERICA – DR. PHILLIPS, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 1, 2014, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 13, 2014.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20141013-0006
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

H14000241284 3