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SECRETARY OF STATE

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# **COVER LETTER**

то:	New Filing Sec Division of Cor				
SUB,	JECT:	ITH	CORPO	RATION	
		Nam	e of corporat	ion - must include s	uffix
Dear :	Sir or Madam:				
"Certi		e," or "Certific	ate of Good S	Standing" and check	Transact Business in Florida," are submitted to register the
Please	e return all corresp	pondence conce	rning this ma	tter to the following	:
	TIMOT	THY T.	FENTO,	7	
				of Person	
	ITM	CORPORA	LOIT.		
			Firm/C	Company	
	1771	RINGLIN	G BLV	D. UNIT 6	10
				ldress	
	SARD	SOTA F	<u>=</u>	4234	
		SOTA !	City/Stat	e and Zip code	
		FENTON	•	•	
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11.	Name of Perso		at ( Ar	a Code & Daytime	Telephone Number
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	STREET/COU	JRIER ADDRI	ESS:	MAIL	ING ADDRESS:
New Filing Section		New Filing Section			
Division of Corporations Clifton Building			Division of Corporations P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, FL 32314			
	Tallahassee, FL				
Enclo	sed is a check for	the following a	mount:		
<b>5</b> (\$7	0.00 Filing Fee	□ \$78.75 Fil Certificat	ing Fee & e of Status	□ \$78.75 Filing F Certified Copy	<del>_</del>

## 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.	ITM CORPORATION
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc,," "Co.," "Corp.," "Inc.," "Co.," "Corp.,"
	TIMOTHY T. FENTON INC.  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2.	DISTRICT OF COLUMBIA 3. 52-1316591  (State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	OCTOBER 3, 1983 5. PERPETJAL
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6	OCTOBER 3, 1983 5. PERPETJAL (Date of incorporation)  12   30   2014
0.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.	1771 RINGLING BLVD, UNIT 610, SARASOTA, FL 34236 (Principal office address)
	(Current mailing address)
	(Current mailing address)
8.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: THOTHY T. FENEN
Of	ffice Address: 1771 RINGLING BUD., #610
	SARA SoTA  (City)  (City)  ARASoTO  (City)  (C
	SARA SoTA
^	

#### 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)

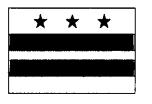
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: TIMOTHY T. FEDTON	
Address: 1771 RINGLING BLVD., UNIT 610	
SARASOTA, FL 34236	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: TIMOTHY T. FENTON	SECI VISIC
Address: 1771 RINGLING BLVD., UNIT 610 SARASOTA, FL 34236	O CREC
•	STATE OF ALL
Vice President:	<b>7</b>
Address:	
Secretary: TIMOTHY T. FENTON	
Address: 1771 RIAGLING BLVD., JAIT 610, SARASOTA, FL 34.	23/
Address: 1771 RINGLING BUD, UNIT GID SARASOTA, FL	2/22/
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direction listing additional officers and listi	ectors.
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 are true and that he or she is aware that false information submitted in a document to the Department of St a third degree felony as provided for in s.817.155, F.S.	

13. \_\_\_\_\_

## GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



## CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this CERTIFICATE OF GOOD STANDING is hereby issued to

**ITM Corporation** 

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 10/3/1983; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 2/6/2015 11:49 AM

Muriel Bowser Mayor

Business and Professional Licensing Administration

PATRICIA E. GRAYS Superintendent of Corporations Corporations Division

Tracking #: UfHxhvKf