F15000003150

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only/State/Elph Holle #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

	New Filing Section Division of Corporations		
SURI	ECT: MOR7HEUS	HOLDINGS INC	
Name of corporation - must include suffix			
Dear S	ir or Madam:		
"Certif	closed "Application by Foreign Corporation icate of Existence," or "Certificate of Gooveferenced foreign corporation to transact to	on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the pusiness in Florida.	
Please	return all correspondence concerning this		
	moimio>	MOUKHUEDE	
	Nar	me of Person	
	iMORPHEUS	HOLDING IHC	
	7801 POINT MEI	ADOWS DR, UNIT 6402	
		Address	
-	JACKSONVILLE, F	L 32256	
_	City/S	tate and Zip code	
	- moinier of graci E-mail address: (to be	tate and Zip code L. Com used for future annual report notification)	
For fur	ther information concerning this matter, pl	ease call:	
		0.75 0.70	
7011	Name of Person	08, 213-3649	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING 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 32301		
Enclose	ed is a check for the following amount:		
□ \$70	00 Filing Fee	\$78 75 Filing Fee & Certificate Of Status & Certified Copy	



April 30, 2015

IMORPHEWS HOLDING INC 7801 POINT MEADOWS DR. UNIT 6402 JACKSONVILLE, FL 32256

SUBJECT: IMORPHEWS HOLDINGS INC.

Ref. Number: W15000030620

We have received your document for IMORPHEWS HOLDINGS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 515A00008909



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 29, 2015

IMORPHEWS HOLDING INC 7801 POINT MEADOWS DR. UNIT 6402 JACKSONVILLE, FL 32256

SUBJECT: IMORPHEWS HOLDINGS INC.

Ref. Number: W15000030620

We have received your document for IMORPHEWS HOLDINGS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 515A00008909

AMAJICATION 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.
I MORPHEUS HOLDINGS 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 Horida?
2 DELMWARE 3 47-3131009 PM N
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. APRIL 2, 2015 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A - HOVE not transacted business in FL
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7 7801 POINT MENDOWS DRIVE, UNIT G402, JACKSONVILLE, FI
(Principal office address)
Same as About
(Current mailing address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: MOIMION MOUKHLEDE
Office Address: 7801 POINT MENDOWS DR. UNIT 6402
JACKSONVILLE, Florida 32256 (City) (Zip code)
(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.

11. Name and business addresses of officers and/or directors: A. DIRECTORS MOURTHLEDE GGIMION Chairman: _ MENDOWS DRIVE, UNIT 6402 PACUSODVILLE Vice Chairman Address. Director: _ Address: Director: B. OFFICERS President _____ Vice President: Address: ____ Secretary: Address: __ Treasurer. Address: NOTE: If necessary, you may attage an addendum to the application listing additional officers and/or directors. moul & 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. I MOUKH LEDE Moimion

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IMORPHEUS HOLDINGS 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 EIGHTH DAY OF JULY, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMORPHEUS HOLDINGS INC." WAS INCORPORATED ON THE SECOND DAY OF APRIL, A.D. 2015.

5722451 8300

151024496

AUTHENTYCATION: 2536951

DATE: 07-08-15

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