

FIS000003545

(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:

Office Use Only



200275958082

08/11/15--01023--025 **70.00

FILED

AUG 11 P 3:18

SECRETARY OF STATE
LAHASSEE, FLORIDA

AUG 12 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IFM AMERICAS INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KAREN PAD

Name of Person

IFM AMERICAS INC.

Firm/Company

14500 N. SHELDON RD #100

Address

PLYMOUTH, MI 48170

City/State and Zip code

kpad@ifmamericas.com

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

For further information concerning this matter, please call:

KAREN PAD

at (248) 381-8827

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.*

IFM AMERICAS INC.

1. _____
(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. 20-2175998
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/19/2002 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 9/1/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 14500 N. SHELDON RD #100, PLYMOUTH, MI 48170
(Principal office address)

(Current mailing address, if different)

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

Name: CT CORPORATION
Office Address: 1200 South Pine Island Road
Plantation, FL 33324
(City) , Florida (Zip code)

FILED
15 AUG 11 P 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



**Kristin Bolden
Assistant Secretary**

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ANDREW PATTINSON

Address: 357-373 WARRINGAH RD
FRENCHS FOREST, NSW 2086 AUSTRALIA

Vice President: KAREN BLUNDEN, CEO

Address: 14500 N SHELDON RD #100
PLYMOUTH, MI 48170

Secretary: NICK GORGES

Address: 357-373 WARRINGAH RD, FRENCHS FOREST, NSW 2086 AUSTRALIA

Treasurer: _____

Address: _____

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

12. *Karen A. Blunden*
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. KAREN BLUNDEN, CEO

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

FILED
15 AUG 11 P 3 18
SECRETARY OF STATE
LAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IFM AMERICAS 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 TWENTY-SEVENTH DAY OF JULY, A.D. 2015.

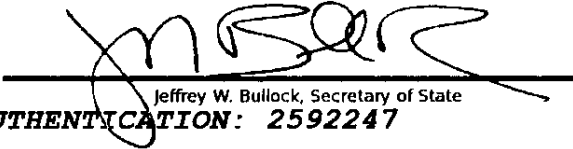
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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

3560017 8300

151098159




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2592247

DATE: 07-27-15