

F17000004560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

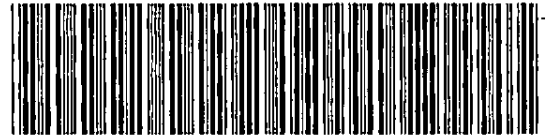
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 11 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMOX Technologies Corp

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:

Fernando Medina

Name of Person

IMOX Technologies Corp

Firm/Company

444 Brickell Avenue, Suite 55-9629

Address

Miami, FL 33131

City/State and Zip code

fmedina@imox.io

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

For further information concerning this matter, please call:

Fernando Medina

305 3714604
at ()

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.

1. IMOX Technologies Corp

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

IMOX Technologies Corp

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

2. Delaware _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 30, 2017 _____ 5. Perpetual _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. April 5, 2017 _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 444 Brickell Avenue, Suite 55-9629, Miami, FL 33131

(Principal office address)

444 Brickell Avenue, Suite 55-9629, Miami, FL 33131

(Current mailing address, if different)

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

Name: Fernando Medina _____
Office Address: 444 Brickell Avenue, Suite 55-9629 _____
Miami _____ Florida 33131 _____
(City) (Zip code)

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GAINESVILLE, 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.

(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: William Pasos

Address: 444 Brickell Avenue, Suite 55-9629, Miami, FL 33131

Vice Chairman: _____

Address: _____

Director: Fernando Medina

Address: 444 Brickell Avenue, Suite 55-9629, Miami, FL 33131

Director: _____

Address: _____

B. OFFICERS

President: William Pasos

Address: 444 Brickell Avenue, Suite 55-9629, Miami, FL 33131

Vice President: _____

Address: _____

Secretary: Fernando Medina

Address: 444 Brickell Avenue, Suite 55-9629, Miami, FL 33131

Treasurer: _____

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 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. William Pasos, CEO

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

2017 OCT 10 PM 3:18

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMOX TECHNOLOGIES CORP." 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 FIRST DAY OF SEPTEMBER, A.D. 2017.




Jeffrey W. Bullock, Secretary of State

6527580 8300

SR# 20175952447

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

Authentication: 203157982

Date: 09-01-17