

F19000003147

(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:

7/8  
name must match cert  
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W190000055526

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19 JUL -3 PM 6:28  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-10-2010 BY 60322



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2019

FREDERIC BLANCHARD  
60 BROAD ST., STE 3502  
NEW YORK, NY 10004

SUBJECT: IM LA INC  
Ref. Number: W19000055526

We have received your document for IM LA INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6051.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 719A00011670

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IM LA, 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:

FREDERIC BLANCHARD

Name of Person

KVB PARTNERS INC

Firm/Company

60 BROAD ST, SUITE 3502

Address

NEW YORK, NY 10004

City/State and Zip code

mdjite@jkbvpartners.com

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

For further information concerning this matter, please call:

MOUHAMADOU DJITE

at ( 646 ) 356-0480

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 &

Certificate of Status &

Certified Copy

☒ \$87.50 Filing Fee,

Certificate of Status &  
Certified Copy

RECEIVED

JUL 08 2019

**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. **IM LA, 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. CALIFORNIA 3. 45-4253475  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/29/2011 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. **05/16/2019**  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8454 MELROSE PLACE, LOS ANGELES, CA 90069  
(Principal office address)

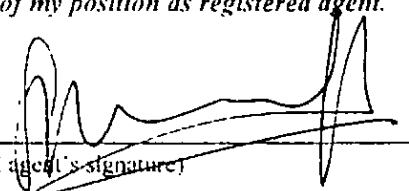
60 BROAD ST, SUITE 3502, NEW YORK 10004  
(Current mailing address, if different)

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

Name: IM MIAMI LLC  
Office Address: 175 NE 40TH ST.  
MIAMI, Florida 33137  
(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.

19 JUL -7 PM 6:28  
CLERK OF THE COURT  
CLERK OF THE COURT  
CLERK OF THE COURT

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: SOPHIE DURUFLÉ

Address: 60 BROAD ST. SUITE 3502

NEW YORK, NY 10004

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: GARY SUID

Address: 60 BROAD ST. SUITE 3502, NY 10004

Treasurer: MARION MARIE

Address: 60 BROAD ST. SUITE 3502, NEW YORK, NY 10004

**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. SOPHIE DURUFLÉ

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

# State of California

## Secretary of State

### CERTIFICATE OF STATUS

**ENTITY NAME:**

IM LA, INC.

FILE NUMBER: C3439044  
FORMATION DATE: 12/29/2011  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of May 30, 2019.

ALEX PADILLA  
Secretary of State