

F19000003429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

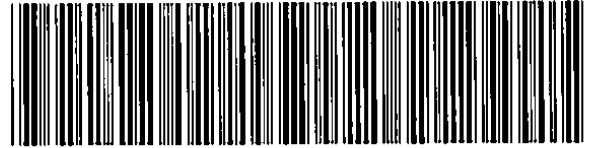
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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W19-67894

Office Use Only



700321971737

07/24/19--01003--011 **70.00

FILED
19 JUL 25 PM 8:10
TALLAHASSEE, FLORIDA
RECEIVED
2019 JUL 24 AM 11:00
TALLAHASSEE, FLORIDA

K. SALY
JUL 26 2019

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

7/24/19

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

foreign

1.

Imackulate Vision Gaming, Inc.
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2019

CORP ACCESS

SUBJECT: IMACKULATE VISION GAMING, INC.
Ref. Number: W19000067894

We have received your document for IMACKULATE VISION GAMING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: 719A00015152

Corrected

19 JUL 25 PM 3:31

**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.*

Imaculate Vision Gaming, 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)
Wyoming

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
6/4/2018

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
800 Battery Avenue SE Suite 100, Atlanta, GA 30339

7. _____
(Principal office address)

(Current mailing address, if different)

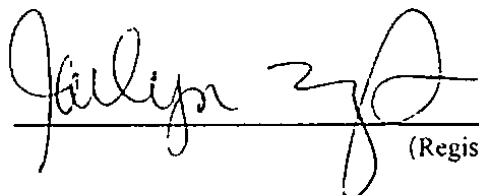
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Registered Agent Solutions, Inc.

Name: _____
155 Office Plaza Dr. Suite A

Office Address: _____
Tallahassee 32301
_____, Florida _____
(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.

 Jacquelyn Wright, Asst. Sec.
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Alex A. Lewis

Director: _____

800 Battery Avenue SE Suite 100, Atlanta, GA 30339

Address: _____

Director: _____

Address: _____

B. OFFICERS

Alex A. Lewis

President: _____

800 Battery Avenue SE Suite 100, Atlanta, GA 30339

Address: _____

Vice President: _____

Address: _____

Alex A. Lewis

Secretary: _____

800 Battery Avenue SE Suite 100, Atlanta, GA 30339

Address: _____

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.

Alex A. Lewis

13. _____

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

FILED
19 JUL 25 PM 8:14
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


iMackulate Vision Gaming, Inc.
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **June 4, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000806251**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of July, 2019 at 6:31 AM. This certificate is assigned 031933934.




Secretary of State

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TALLAHASSEE, FLORIDA