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DATE: 2/28/20

NAME: INTERNATIONAL OPERATIONS MANAGEMEN SERVICES, INC.

TYPE OF FILING: APPLICATION

**COST:** 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PZAUL HODGE

199 F = 1 28 P 11 T 55

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: International Operations Manag	gement Servic	es, Inc.		
Name of	corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Corp." Certificate of Existence," or "Certificate of above referenced foreign corporation to trans-	f Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the s in Florida.		
Please return all correspondence concerning	this matter	to the following:		
Milton A. Vescovacci, Esq.		Ç		
	Name of I	erson		
Polsinelli PC				
	Firm/Com	Dany		
1111 BRICKELL AVENUE, SUITE 2800	•	•		
	Addre	GS		
Miami, Florida 33131				
	City/State an	d Zip code		
grizjimenez@uqvideo.com				
E-mail address: (	to be used fo	r future annual report notification)		
For further information concerning this matt	er, please ca	И:		
Nacha Martinez	, 305	921-1850		
Name of Person	Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEPA   \$70.00 Filing Fee \$78.75 Filing F  Certificate of S	ARTMENT ( ee & 🗎	DF STATE \$78.75 Filing Fee &		

## 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.

Sitter name of Inc.," "Co.," "	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	_
If name unava	ilable in Florida, enter alternate composte name a	dopted for the purpose of transacting business in Florida	
Delaware	and and the corporate native a	dopted for the purpose of transacting business in Florida	)
State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)	_
	5.		
(Dat	e of incorporation) 5	(Date of duration, if other than perpetual)	-
51 W Terra N	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 far Drive, Pompano Beach, Florida 33062	Florids, if prior to registration)  2, F.S., to determine penalty liability)	-
	(Principal office Mar Drive, Pompano Beach, Florida 33062	street address)	-
		address, if different)	
imo and and	or add cm		
Name:	address of Florida registered agent: (P.O.)  Daniel O'Neal	Box NOT acceptable)	
Address:	1351 W Terra Mar Drive	_	
Pomp	Pompano Beach	Florida	
	(City)	(Zip code)	
ig been nam	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment	of process for the above stated corporation at the It as registered agent and agree to act in this capa tive to the proper and complete performance of m	pla. city
r agree to co	with and accept the obligations of my positi	on as registered agent.	y ai

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS						
OChairman	Name:	Chairman	Name:			
□Vice Chairman	Address: 1351 W Terra Mar Drive	□Vice Chairman				
□Director	Pompano Beach, FL 33062	■Director	Pompan	o Beach, FL 33062		
President	<u> </u>	□President				
□Vice President		□Vice President				
Secretary	Treasurer	□Secretary		Treasurer		
□Other		□Other		Other		
□ Chairman	Stuart Jacobs Name: 1351 W Terra Mar Drive	□ Chairman				
□Vice Chairman ■Director	Pompano Beach, FL 33062	□Vice Chairman □Director	Address:			
□President		President				
□Vice President		□Vice President				
☐Secretary	☐Treasurer	□ Secretary		Treasurer		
Other	Other	□0ther		□Other		
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:		20	
☐Director		□Director			<u> </u>	
□President		□President	_		27	
□Vice President		□Vice President			<del>-0</del>	
Secretary	Treasurer	□Secretary		Treasurer	<del></del>	
□Other	Other	DOther		□Other	<u>הא</u> האו	
Important Notice: individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department Signature of Director of	at of State Annual Re	port form.			
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Department	11 above) affirms the nent of State constitu	at the facts tes a third	stated herein are true a	ind that he or	
13	(Typod or printed name and capacity of perso	n signing application	)			

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INTERNATIONAL OPERATIONS MANAGEMENT

SERVICES, 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 FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTERNATIONAL OPERATIONS MANAGEMENT SERVICES, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2020.

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

Authentication: 202475165

Date: 02-27-20

7873495 8300 SR# 20201638060