

M04000000685

Kinchlow
4684 Sutton Terrace
Orlando, FL 32811
(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

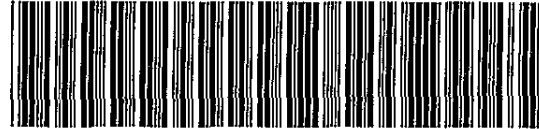
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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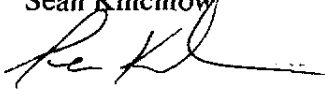
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 20 AM 11:07

Ep

The Certificate of Formation enclosed is the original as it was mailed to me.

Sean Kinchlow



W03-33292

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 10, 2003

KINCHLOW
4684 SUTTON TERRACE
ORLANDO, FL 32811

SUBJECT: IMAGINATION NEXUS LLC
Ref. Number: W03000033292

We have received your document for IMAGINATION NEXUS LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 703A00061157

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. IMAGINATION NEXUS LLC
(Name of foreign limited liability company)
2. DELAWARE 3. 33-1073433
(Jurisdiction under the law of which foreign limited liability company is organized) (FEL number, if applicable)
4. 10/21/2003 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 10/21/2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 4684 SUTTON TERRACE
ORLANDO FL 32811
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

SEAN KINCHLOW 4684 SUTTON TERRACE ORLANDO FL 32811

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: FILM, VIDEO
AND AUDIO PRODUCTION

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SEAN KINCHLOW

Typed or printed name of signee

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STATE
SECRETARY OF CORPORATIONS
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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

IMAGINATION NEXUS LLC

2. The name and the Florida street address of the registered agent and office are:

SEAN KINCHLOW

(Name)

4684 SUTTON TERRACE

Florida street address (P.O. Box **NOT** ACCEPTABLE)


ORLANDO

FL

32811

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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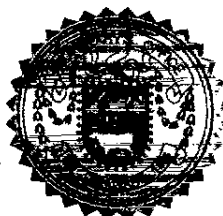
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMAGINATION NEXUS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JANUARY, A.D. 2004.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 20 AM 11:07



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2851785

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030833947

DATE: 01-06-04