

MO4 000001392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

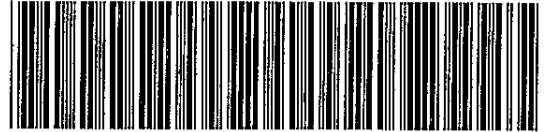
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600031735276

04/05/04--01052--010 **125.00

FILED

APR 12 2004

FILED

MO4-1392
AL

**COHEN POLLOCK MERLIN
AXELROD & SMALL**

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
WWW.CPMAS.COM

3350 RIVERWOOD PARKWAY
SUITE 1600
ATLANTA, GEORGIA 30339
TELEPHONE: 770 858-1288
FACSIMILE: 770 858-1277

April 1, 2004

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Impulse Point, LLC
Our File #19168

Dear Sir or Madam:

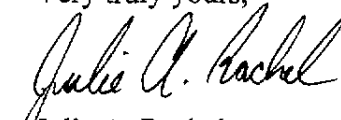
In order to qualify Impulse Point, LLC to transact business in Florida, enclosed please find the following:

- (1) The original and one (1) copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business in the Florida;
- (2) Designation of Registered Agent;
- (3) Certificate of Existence, issued by the Delaware Secretary of State; and
- (4) A check in the amount of \$125.00, payable to the Florida Secretary of State, in payment of the filing fees.

Please accept these for filing and return to me a copy of the filed documents in the enclosed self addressed, stamped envelope.

If any further information is required, please contact the undersigned.

Very truly yours,


Julie A. Rachel
Corporate Paralegal

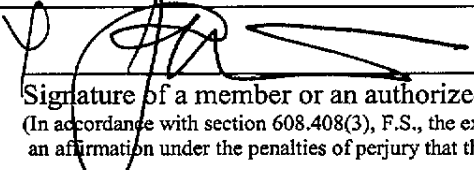
/jar
Enclosures

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. IMPULSE POINT, LLC
(Name of foreign limited liability company)
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 65-1214267
(FEI number, if applicable)
4. JANUARY 15, 2004
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON FILING
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 6810 NEW TAMPA HIGHWAY, SUITE 600
LAKELAND, FLORIDA 33815
(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:
JAMES DAVID ROBINSON, MANAGER
6810 NEW TAMPA HIGHWAY, SUITE 600
LAKELAND, FLORIDA 33815
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: To accomplish all lawful
business and activity whatsoever as the member shall determine.


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.)

JAMES DAVID ROBINSON

Typed or printed name of signee

RECEIVED
TALLAHASSEE, FLORIDA

**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:

IMPULSE POINT, LLC

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

JAMES DAVID ROBINSON

(Name)

6810 NEW TAMPA HIGHWAY, SUITE 600

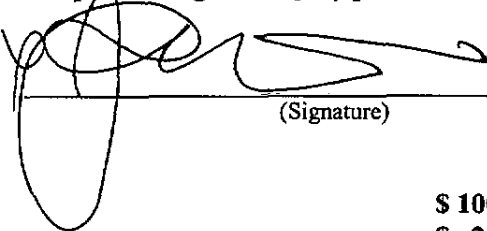
Florida street address (P.O. Box **NOT** ACCEPTABLE)

LAKELAND

FL 33815

(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)

FILED
TALLAHASSEE, FLORIDA

06 APR -5 PM 1:27

Delaware

PAGE 1

The First State

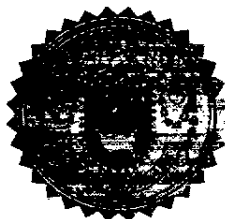
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "IMPULSE POINT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE FIFTEENTH DAY OF JANUARY, A.D. 2004, AT 11:30 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3769598__8310

AUTHENTICATION: 3024289

040235635

DATE: 03-31-04