# M0500004225

(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:
M

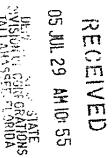
Office Use Only



600055952976

07/29/05--01003--024 \*\*155.00

05 JUL 29 PH 12: 24
SECRETARY OF STATE



**Charter Number Only** 

Terminello & Terminello

Requestor's Name
2700 500 37 M Avenue

Address

Line 28 Phone

V

STATION OF STATION

#### CORPORATION(S) NAME

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

IMNY, I	Floriaa, LL	7
, ,	,	
		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
<del></del>		
( ) Profit	<del></del>	
( ) NonProfit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution	( ) Mark
( ) Limited Partnership	( ) Annual Report	Wather LLC:
( ) Reinstatement	( ) Reservation	(   Change of Registered Agent
Certified Copy	( ) Photo Copies	( ) Certificate Under Seal
( ) Call When Ready	( ) Call If Problem	( ) After 4:30
Walk In ( ) Will Wait	(X) Pick Up	( ) Mail Dut
Name		
Availability		
Document	· · · · · · · · · · · · · · · ·	

#### TRANSMITTAL LETTER

S III 23 PAIR PARTY OF STATE O

TO: Registration Section
Division of Corporations

SUBJECT: IMNY, Florida.

TECT: IMNY, Florida, LLC.

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

	Licensing Administrator		
(Nam	e of Person)		
Torminalia &	Terminello, P.A.		
	/Company)		
2700 SW	37th Avenue		
(4	Address)		
Miami, FL 33133			
(City/Stat	e and Zip Code)		
For further information concerning this matter, pleas	se call:		
Johana De La Rosa	at ( 305 ) 444-5002		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327		
Tallahassee, Florida 32399	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of S	\$155.00 Filing Fee & S160.00 Filing Fee, Certificate tatus Certified Copy of Status & Certified Copy		



## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IMNY,  (Name of Foreign Limite  Delaware  liction under the law of which foreign limited liabili ny is organized)  May 23, 2005  (Date of Organization)	3 20-2919385
Delaware liction under the law of which foreign limited liabili ny is organized) May 23, 2005	3 20-2919385 (FEI number, if applicable)
iction under the law of which foreign limited liabili ny is organized) May 23, 2005	•
iction under the law of which foreign limited liabili ny is organized) May 23, 2005	•
	Pernetual
(Date of Organization)	
•	(Duration: Year limited liability company will cease to exist or "perpetual")
October	15, 2005
(See sections 608.501 & 608.502	n Florida, if prior to registration.) F.S. to determine penalty liability)
136 E. 57th Str	reet 13th Floor
New York,	NY 10022
(Street Adda	ress of Principal Office)
name and usual business addresses of the n	managing members or managers are as follows:  Brian Galligan, Managing Member
E. 57th St. 13th Floor	136 E. 57th St. 13th Floor
York, NY 10022	New York, NY 10022
iction under the law of which it is organized. (A photo n of the certificate under cath of the translator must be	n 90 days old, duly authenticated by the official having custody of recompcopy is not acceptable. If the certificate is in a foreign language, a submitted.)  Ed or promoted in Florida: Any Lawful Activity
	J. Q. M.
	n authorized representative of a member. (3), F.S., the execution of this document constitutes

Johana De La Rosa, Authorized Representative of a member Typed or printed name of signee

# 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:	
IMNY, FLORIDA, LLC.	
2. The name and the Florida street address of the registered agent and office are:	
Louis J. Terminello, Esq. TERMINELLO & TERMINELLO, P.A.	
(Name)	•
2700 SW 37th Avenue	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Miami, 33133	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of alrelating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Staling (Signature)	ent as registered Il statutes I accept the

Filing Fee for Application
Designation of Registered Agent
Certified Copy (optional)
Certificate of Status (optional)

# Delaware

08CF 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "IMNY, FLORIDA, LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF MAY, A.D. 2005, AT 9:01 O'CLOCK A.M.

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3897068

DATE: 05-23-05

3973993 8100

050421178

State of Delaware Secretary of State Division of Corporations Delivered 09:01 AM 05/23/2005 FILED 09:01 AM 05/23/2005 SRV 050421178 - 3973993 FILE

#### CERTIFICATE OF FORMATION

OF

#### IMNY, FLORIDA, LLC

This Certificate of Formation of IMNY, Florida, LLC (the "LLC"), dated as of the 23<sup>rd</sup> day of May, 2005, is being duly executed and filed by the undersigned to form a limited liability company under the Delaware Limited Liability Company Act, 6 Del. C. Section 18-101, et seq.

FIRST: The name of the LLC formed hereby is IMNY, Florida, LLC.

SECOND: The address of the LLC's registered office and the name and address of the registered agent for service of process on the LLC in the State of Delaware is National Registered Agents, Inc., 160 Greentree Drive, Suite 101, Dover, Delaware 19904

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the date first above written.

/s/ Brian R. Gallagher
Brian R. Gallagher, Authorized Person

PAGE 1

# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMNY, FLORIDA, 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 TWENTY-SECOND DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMNY, FLORIDA, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2005.

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



Harriet Smith Hindson Harrier Spring Mindson, Serreptly of Spring 1900

DATE: 06-22-05

3973993 8300 050519064