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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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03/30/06--01042--010 **130.00

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TMF INVESTMENT (Name of Limited I	LLC Liability Company)
The enclosed "Application by Foreign Limited Liability Florida," Certificate of Existence, and check are submit liability company to transact business in Florida.	
Please return all correspondence concerning this matter	to the following:
Syes RAZA (Name o	
(Name o	Person)
IMF INVESTA	YENT LLC
(Firm/Co	ompany)
1200 N. WESTSHORE BU	ress)
TAMPA, FL (City/State ar	3360 7
` *	•
For further information concerning this matter, please ca	ii:
(Name of Person)	(<u>813</u>) <u>301 - 3/26</u> (Area Code & Daytime Telephone Number)
	REET ADDRESS:
Division of Corporations Div	ision of Corporations
Tallahassee, FL 32314 266	ton Building 1 Executive Center Circle ahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{3125.00}\$ \text{Filing Fee} \sum_{3130.00}\$ \text{Filing Fee & Gertificate of Status}	\$155.00 Filing Fee & \$\square\$\$\$\$ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Cop.



April 3, 2006

SYED RAZA 1200 N. WESTSHORE BLVD. TAMPA, FL 33607

SUBJECT: IMF INVESTMENT LLC Ref. Number: W06000015721

We have received your document for IMF INVESTMENT LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6067.

Letter Number: 306A00022265

Neysa Culligan Document Specialist

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company) 20-4070042 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (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: 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: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), V.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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 th	e Limited Liability Com	pany is:				
	91	17 INVES	THENT	LLC.		
2. The name and	the Florida street address	s of the registered	agent and o	ffice are:		
		SYED RAZI	4		SEC	FIL 06 APR 11
		(Name)				
_	4//2 Mu Florida Street Ad	LLEN NE Idress (P.O. Box <u>No</u>	T ACCEPTABLI	Ξ)	ASSEE, I	FILED R 11 PM 2: 47
	-			,	-TOFA	2: [
	TAMPA	FL City/State/Zip	3360	9		
_		City/State/Zip			_	
liability company a agent and agree to relating to the prop	d as registered agent and at the place designated in act in this capacity. I fur per and complete perform position as registered agent (Signature)	this certificate, I h ther agree to com ance of my duties,	ereby accept ply with the p and I am far	t the appoint provisions o niliar with a	tment as i of all statu and accep	registered utes ot the

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30,00	Certified Copy (optional)
\$ 500	Certificate of Status (antional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **IMF INVESTMENT LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 29, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 8, 2006.

DEAN HELLER Secretary of State

Certification Clerk

