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(Requ	uestor's Name)	)
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SECRETARY OF STATE ONS DIVISION OF CORPORATIONS

### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Imperial Business S (Name of Limit	ted Liability Company)	
The enclosed "Application by Foreign Limited Liab Florida," Certificate of Existence, and check are sub liability company to transact business in Florida	· · · · ·	
Please return all correspondence concerning this ma	atter to the following:	
Matthew Harle	o ル	_
(1van	ile of Fersony	o DIV
Imperial Busin	ess Solutions	SECAL ISION
Imperial Busin	n/Company)	T 18
	丑 引い Address)	Y OF STATE STATE NS
Las Vegas NV. (City/Stat	89108	_
(City/Star	te and Zip Code)	
For further information concerning this matter, plea	se call:	
Matt Harlew (Name of Person)	at ( <u>LOZ</u> ) <u>295 - 3229</u> (Area Code & Daytime Telephone Numb	_ her)
	· · · · · · · · · · · · · · · · · · ·	)CI)
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:  \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & Certificate of S}	\$155.00 Filing Fee & \$160.00 Filing Fee, Status Certified Copy of Status &	Certificate Certified Copy

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

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

1. IMPERIAL BUSTNESS	SOLUTIONS, 22C pany; must include "Limited Liability Company," "L.L.C.," or	
(Name of Foreign Limited Liability Comp.	any; must include "Limited Liability Company," "L.L.C.," or	"LLC.")
Imperial Business		
(If name unavailable, enter alternate name adopted	d for the purpose of transacting business in Florida and attach	
consent of the managers or managing members ad	dopting the alternate name. The alternate name must include "l	Limited Liability
Company," "L.L.C.," "LLC.")		
2 State of Alguada	3 24-1120151	
(Jurisdiction under the law of which foreign lin	nited liability  3. 20-1120151 (FEI number, if applicable)	<del></del>
company is organized)	•	
4 5 1 21 2017	5 2000	
(Date of Organization)	5. 2009 (Duration: Year limited liability company exist or "perpetual")	will cease to
(2 4.0 0. 0.84	exist or "perpetual")	
		_ 9
6. N/A (Data first transacted	business in Florida, if prior to registration.)	
(See sections 608,501	& 608.502 F.S. to determine penalty liability)	8 53
		7 557
7. <u>5348 Vegas Dr. #911</u>	1 Las Vegas, NV. 89108	SECRETARY VISION OF CO
	_	PH 1:01
(1	Street Address of Principal Office)	77
		: o ===
8. If limited liability company is a manag	ger-managed company, check here	<b>–</b> 35
9. The name and usual business addresse	s of the managing members or managers are as follows:	ows:
Matthew Harlow		
	Las Vegas, NV. 89108	
5348 Vegas Dr. #911	Las Vegas, NV. 89108	
•	•	
10. Attached is an original certificate of existence, no	o 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	d. (A photocopy is not acceptable. If the certificate is in a foreign	n language, a
translation of the certificate under oath of the translat	for must be submitted.)	
11. Nature of business or purposes to be	conducted or promoted in Florida: The gender	<u>+ </u>
	·	
Contacting		·
•		
Signature of a mem	aber or an authorized representative of a member.	
(In accordance with section	on 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.)	
Matthe	u Harlow	
Турс	ed 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:	
Imperial Business Solutions, LCC	
If name unavailable, the alternate name to be used in the state of Florida is:	
Imperial Business	
2. The name and the Florida street address of the registered agent and office are:	
Matthew Harlow (Name)	SECRETAL DIVISION OF 07 OCT 1
Col Street Address (P.O. Box NOT ACCEPTABLE)	ILED STATE RY OF STATE CORPORATIONS  8 PM 1: 01
Davie, FL, 33314 City/State/Zip	ONS DNS

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, Florida Statutes.

(Signature)

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

SECRETARY OF STATE



### LIMITED LIABILITY COMPANY CHARTER

I, ROSS MILLER, the Nevada Secretary of State, do hereby certify that IMPERIAL BUSINESS SOLUTIONS, LLC did on September 21, 2007, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 21, 2007.

ROSS MILLER Secretary of State

By Rowland Shacelean !

Certification Clerk

07 NCT 18 PM 1:01