

(Re	equestor's Name)	
·		
(Ad	dress)	
(Ad	dress)	
(C)	ty/State/Zip/Phone	40
(Cit	:y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	•	
		,

Office Use Only

G. MCLEOD

JUN - 2 2009

EXAMINER



300155740613

18 of the state of

No ant. feet

, _a_22161

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: IM DESIGNS, LLC				
(Name of Foreign 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	l			
Please return all correspondence concerning this matter to the following:				
MICHAEL MELENDEZ				
(Name of Person)				
MELENDEZ VEGA, LLC				
(Firm/Company)				
10511 N KENDALL SUITE C-203	· •			
(Address)				
MIAMI, FL 33176				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
MICHAEL MELENDEZ at (305) 271-5841 (Name of Person) (Area Code & Daytime Telephone Number)				
MAILING ADDRESS: STREET ADDRESS: Division of Comparations				
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount: [\$\sumsymbol{\sumsymbol{2}}\$\$125.00 Filing Fee \sumsymbol{\sumsymbol{2}}\$\$130.00 Filing Fee & \$\sumsymbol{\sumsymbol{2}}\$\$\$155.00 Filing Fee & \$\sumsymbol{\sumsymbol{2}}\$	y			

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: IM DESIGNS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") IM DESIGNS GROUP , LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") WYOMING STATE 3. <u>26-4497740</u> (Jurisdiction under the law of which foreign limited liability FEI number, if applicable) company is organized) 5. THE PERIOD OF DURATION IS PERPETUAL (Duration: Year limited liability company will cease to 03/17/2009 (Date of Organization) exist or "perpetual") 05/04/2009 (Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability) 17901 NW 68th AVE. SUITE NO R103 HIALEAH, FL 33015 (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: MIREYA SALDANA: 17901 NW 68TH AVE SUITE NOR103 HIALEAH, FL 33015 EVA SALDANA: 17901 NW 68TH AVE SUITE NOR 103 HIALEAH, FL 33015 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 outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: ANY AND ALL LAWFUL BUSINESS signature of a member of 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.) EVA SALDANA

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: IM DESIGNS, L.L.C.	
If name unavailable, the alternate name to be used in the state of Florida is: IM DESIGNS GROUP, LLC	

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

MICHAEL MELENDEZ / MELENDEZ VEGA, LLC
(Name)
10511 N. KENDALL DR SUITE C-203
Florida Street Address (P.O. Box NOT ACCEPTABLE)

MIAMI, FL 33176

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, 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)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

IM Designs, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 17, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000567294**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of June, 2009 at 6:53 AM. This certificate is assigned 005407119.



Maj Massiello
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.