M09 0000002148

(Requestor's Name)
(Address)
(Address)
(1231200)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bookinon Hambor)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•
· ·

Office Use Only

M09-2148



000156397190

06/04/09--01033--018 **125.00

SECRETARY OF STATE

M. THOMAS

JUN - 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: mmersic	Name of Limited Liability Company
The enclosed "Application by Foreign Existence, and check are submitted to	Limited Liability Company for Authorization to Transact Business in Florida," Certificate of egister the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence conce	rning this matter to the following:
	Nelson Saba
	Name of Person
	Immersion Digital LLC Firm/Company
	Firm/Company
115	1 Kingspointe PKwy # 125 2 2 7
	Address
Or	Address lando, F.L. 32819 City/State and Zip Code
	City/State and Zip Code
Carparat	Address Lando, F.L. 32819 City/State and Zip Code
For further information concerning this	V V
Name of Per	son Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the follow	ving amount:
	130.00 Filing Fee & \$\Bigcirc \\$155.00 Filing Fee & \Bigcirc \\$\Bigcirc \\$\Bigcirc \\$\Bigcirc \\$\Bigcirc \\$\Bigcirc \\$\Bigcirc \Bigcirc \B

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 FUREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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.")
2. State of Veluure 3. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. \frac{\sqrt{15\lambda008}}{\text{(Date of Organization)}} \frac{5}{\text{(Duration: Year limited liability company will cease to exist or "perpetual")}} \frac{5}{32.00} \frac{5}{\text{(Duration: Year limited liability company will cease to exist or "perpetual")}}
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
· · · · · · · · · · · · · · · · · · ·
7. M51 Kingspointe PKWY # 125 Orlando FL 32819 (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:
Visual Books Production Inc
Chen Affiliates
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: Bible Software
Developer 1 2
Mullensen
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 penaltics of perfury that the facts stated herein are true.)
Kelson Saba
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:	
Immersion Digital LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	100
Channell Law Firm, P.A.	11.10
31 South Main St. Suite 5 Florida Street Address (P.O. Box NOT ACCEPTABLE)	.,
Winter Garden FL 34787 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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IMMERSION DIGITAL 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-EIGHTH DAY OF MAY, A.D. 2009.

4489716 8300

090452680

AUTHENT CATION: 7327312

DATE: 05-28-09

You may verify this certificate online at corp.delaware.gov/authver.shtml