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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

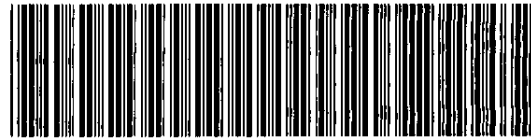
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/13/10--01020--009 **125.00

10 OCT - 1 PM 2:49
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
OCT - 4 2010
EXAMINER

8598-017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Biometric Information Management, 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:

Suzanne Webb
Name of Person

Biometric Information Management, LLC
Firm/Company

555 Metro Place North Suite 100
Address

Dublin, OH 43017
City/State and Zip Code

Swebb@Bioinfomgt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susanne Webb at (614) 791-3221
Name of Person 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 following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

BIOMETRIC
INFORMATION
MANAGEMENT



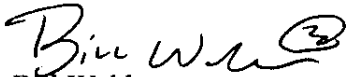
BIM

Biometric Information Management
555 Metro Place North, Suite 100
Dublin, Ohio 43017
(614) 791-3220
www.bioinfomgt.com

August 5, 2010

The managers of Biometric Information Management give consent to use the alternate name of 'BIM, LLC' for the purpose of transacting business in Florida if the name 'Biometric Information Management, LLC' is not available.

Regards,

A handwritten signature in cursive script, appearing to read 'Bill Webb'.

Bill Webb

CEO

614.791.3220



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 OCT -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 27, 2010

SUZANNE WEBB
BIOMETRIC INFORMATION MANAGEMENT
555 METRO PLACE N - STE 100
DEBLIN, OH 43017

SUBJECT: BIOMETRIC INFORMATION MANAGEMENT, L.L.C.
Ref. Number: W10000038542

We have received your document for BIOMETRIC INFORMATION MANAGEMENT, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 010A00020598



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 AUG 26 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 16, 2010

SUZANNE WEBB
BIOMETRIC INFORMATION MANAGEMENT
555 METRO PLACE N - STE 100
DEBLIN, OH 43017

SUBJECT: BIOMETRIC INFORMATION MANAGEMENT, L.L.C.
Ref. Number: W10000038542

We have received your document for BIOMETRIC INFORMATION MANAGEMENT, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 610A00019626

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

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

1. Biometric Information Management, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

BIM, 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. Ohio 3. 31-1758178
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02/01/2001 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 08/04/2010
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 555 Metro Pl N, Suite 100 Dublin, OH 43017

(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:

MGR

MGRM

Mike Dailey

Suzanne Webb

677 N Washington Blvd Sarasota, FL 34236 555 Metro Pl N, Suite 100 Dublin, OH 43017

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: _____

administrative office for internet sales of computer equipment



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 penalties of perjury that the facts stated herein are true.)

Suzanne Webb

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -1 PM 2:49

**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:

Biometric Information Management, LLC

If unavailable, the alternate to be used in the state of Florida is:

BIM, LLC

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

Suzanne Webb

(Name)

677 N Washington Blvd

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Sarasota, FL 34236

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -1 PM 2:49

**United States of America
State of Ohio
Office of the Secretary of State**

*I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show **BIOMETRIC INFORMATION MANAGEMENT, L.L.C.**, an Ohio Limited Liability Company, Registration Number 1210433, was organized within the State of Ohio on February 13, 2001, is currently in **FULL FORCE AND EFFECT** upon the records of this office.*



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 4th day of August, A.D. 2010*

A handwritten signature in cursive script, reading "Jennifer Brunner".

Ohio Secretary of State