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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC -7 PM 1:59

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C. LEWIS

Dec. 8, 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2010

AMY MICHALENKA  
INMEDIARES PRODUCTIONS, LLC  
PMB 202-303 91ST AVE., NE E-502  
LAKE STEVENS, WA 98258

SUBJECT: INMEDIARES PRODUCTIONS, LLC  
Ref. Number: W10000045757

We have received your document for INMEDIARES PRODUCTIONS, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please fill out the certificate of designation of registered agent/registered office.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 310A00023215

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** InMediaRes Productions, 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:

Amy Michalenka  
Name of Person

InMediaRes Productions, LLC  
Firm/Company

PMB 202 - 303 91st Ave. NE E-502  
Address

Lake Stevens, WA 98258  
City/State and Zip Code

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

For further information concerning this matter, please call:

Heather Coleman at ( 425 )  
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

**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. InMediaRes Productions, LLC  
(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 Washington 3. 77-0603839  
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  
company is organized)
4. 07/07/2003 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to  
exist or "perpetual")

6. August 1, 2010  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1417 94th Dr SE

Everett, WA 98205

(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:

Heather Coleman, Loren Coleman

2424 159th Ave NE

Snohomish, WA

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: InMediaRes is a virtual  
company that has hired a part-time employee who will work from home & resides in Florida.

[Signature]  
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.)

Loren E. Coleman

Typed or printed name of signee

FILED  
RECEIVED - 7 PM 09/24/10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

InMediaRes Productions

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

Catalyst Game Labs

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

Raymond D. Arrastia

(Name)

7625 Parkview Way

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

Coral Springs

FL

33065

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  
2010 DEC -7 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION  
OF  
INMEDIARES PRODUCTIONS, LLC**

**I FURTHER CERTIFY** that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 7/7/2003.

**I FURTHER CERTIFY** that as of the date of this certificate, INMEDIARES PRODUCTIONS, LLC remains active and has complied with the filing requirements of this office.

Date: September 8, 2010

UBI: 602-309-999



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State