Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000172165 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

Pax Number : (850)878~536B

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. 🚉

Foreign Limited Liability Company IMG COLLEGE, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$125.00 |

D. BRUCE

JUL 0 1 2011

**EXAMINER** 

#### COVER LETTER

| TO:       | Registration Section Division of Corporations  |   |                                       |
|-----------|--|---|---------------------------------------|
| SUBJEA    | CT: IMG College, LLC   |   |                                       |
|           |  | Name of Limited Liability Company   |                                       |
|           |  | ted Liability Company for Authorization to Transact Business or the above referenced foreign limited liability company to transact. |                                       |
| Please re | eturn all correspondence concerning  | this matter to the following:   |                                       |
|           | Karen Blanchard  |   |                                       |
|           |  | Name of Person  | <del></del>                           |
|           | IMG Worldwide, Inc.  |   |                                       |
|           |  | Firm/Company  |                                       |
|           | IMG Center; 1360   | E 9th Street, Suite 100   |                                       |
|           |  | Address   |                                       |
|           | Cleveland, Ohio 44   |   | · · · · · · · · · · · · · · · · · · · |
|           |  | City/State and Zip Code   |                                       |
|           | LSUMMERS@IN  | IGWORLD.COM   | JUN 30                                |
|           | E-mail add   | dress: (to be used for future annual report notification)   | A S                                   |
| For furth | ner information concerning this mart   | er, please cull;  | O AM                                  |
|           | Karen  | <sub>at (</sub> 216 ) 436-3175  | - F. S.                               |
|           | Name of Person   | Area Code & Daytime Telephone Number  |                                       |
|           | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahussee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301   | 3> "                                  |
|           | ed is a check for the following<br>\$125.00 Filing Fee \$130.00 Filing Fee Certificate             | iling Fee & \$155.00 Filing Fee & \$160.00 Filing Fe  |                                       |

# Application by foreign limited liability company for authorization to transact business in Florida

IN COMPITANCE WITH SECTION 602503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SCATB OF FLORIDA:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  |             |
|--|-------------|
| 1 IMG College, LLC   |             |
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |             |
|  |             |
| (If name unavailable, unter alternate name adopted for the purpose of transacting business to Florida and attach a copy of the we  | itep        |
| consent of the managers or managing mambers adopting the alternate name. The alternate name must include "Limited Liability  |             |
| Company," "L.L.C," "LLC.")   |             |
| 2. Delaware 3. 27-3646546  |             |
| (Inradiction under the law of which foreign limited liability (FBI number, if applicable)  |             |
| company is organized)  |             |
| 4. Ootober 8, 2010 .5. perjustual  |             |
| (Date of Organization) (Duration: Year timited liability company will cease to exist or "perpetual")   |             |
| 6.   |             |
| (Date that proceeded business in Plotida, if prior to registration.)   | :, <u>1</u> |
| (See sections 608.501 & 608.502 F.S. to determine ponalty liability)   | 100         |
| 7  |             |
| System of the state of the stat |             |
| 540 North Trade Street, Winston Salam, NC 27101  (Street Address of Principal Office)  | <           |
| (Uttob Voncas of Linicipal Collect)  | # 55<br>53  |
| 8. If limited liability company is a manager-managed company, check here   | ) u         |
| a. If initiate traditity company is a transfer training or company, where the [2]  | c           |
| 9. The name and usual business addresses of the managing members or managers are as follows:   | 4.0         |
| Anthony Crispino c/o IMG Worldwide, Inc.   |             |
| IMG Center; 1360 E 9th Street, Suite 100   |             |
| Cleveland, OH 44114  |             |
| C107011847 V47 11111   |             |
|  |             |
|  |             |
| 10. Attached is an original cartificate of existence, no more than 90 days old, duly authenticated by the official basing oursely of record  | ds iu       |
| the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fewign 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 Plorida: Provides sports and   |             |
| marketing services to colleges and athletic conferences and produces radio and television broadcasts of athletic events.   |             |
| Lity C.  |             |
| Signature of a member or authorized representative of a member.  |             |
| (In accordance with section 508,408(3), P.S., the execution of this document constitutes an afternation under the  |             |
| penalties of purjucy that the facts stated herein are true. I am aware that any false information submitted in a   |             |
| document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.)  |             |
| Anthony D. Crispino  |             |
| 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 L  | iability Company is:   |                    |
|---|--|--------------------|
| IMO College, LLC  |  |                    |
| If unavailable, the alternate to  | be used in the state of Florida is:  |                    |
| 2. The name and the Florida   | freet address of the registered agent and office arc:  |                    |
| CT Corporation  | System   |                    |
| <del></del>   | (Nume)   |                    |
| 1200 South Pine   | felmid Road  |                    |
| , P   | orida Street Address (F.O. Box NOT ACCEPTABLE)   |                    |
| Plantation  | PL 33324   |                    |
|   | City/Statz/Zip   |                    |
| tability company at the place a<br>agent and agree to act in this a<br>relating to the proper and com<br>abligations of my position as re | ed agent and to accept service of process for the above stated limited selections and to accept service of process for the appointment as registered apacity. I further agree to comply with the previsions of all statutes elected performance of my duties, and I am familiar with and accept the consistered agent as provided for in Chapter 608, Florida Statutes.  Signature  GES. Apole, Asst. Georgian | 11 JUN 30 AM 9: 84 |
|   | \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent  |                    |
|   | \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)  |                    |

\$ 5.00 Cortificate of Status (optional)

# Delaware

PAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMG COLLEGE, 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 THIRTIETH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4882515 8300

110781123

you may varify this certificate online as corp.delaware.gov/authwar.shtml

Jeffrey W. Bullock, Secretary of State

HENTYCATION: 8875107

DATE: 06-30-11