

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H110002052313)))



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To:

Division of Corporations

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Account Name : LEGALZCOM.COM INC.

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: (323)962-8600 Fax Number : (323)962-3889

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

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Foreign Limited Liability Company **IGTAHOR LLC**

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Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK AUG 2 3 2011 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporation	ons								
SUBJE	CT:	ı	GTAHO	RLLC						
				ed Liability Co	трапу		_			
Existen	closed "Application by F ce, and check are submi	tied to register the a	bove referer	iced foreign ili	ization to T mited liabili	Yansact Busines Ity company to	ss in Florida," transact busin	Certific css in F	cate of lorida.	
Please r	eturn all correspondenc	e concerning this m	atter to the f	ollowing:						
			Sarb	era Dang						
			Nam	e of Person	<u> </u>					
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				/Company						
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				and Zip Code					2	1000
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		E-mail address: (ification)		- - -	(C)	to the same
Por furd	her Information concern	ing this matter, plea	use call:				X CA	NIE.	22	
	Bar	bara Dang		at (323	١	962-88	00			
	Nem	e of Person	Area C	ode & Daytin	e Telephor	ю Number				
	MAILING ADDRES Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns	Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporation on Section ullding outive Center (oc, FL 32301						
Enclos	ed is a check for the	following amou	int:							
[\$125.00 Filing Pec	\$130.00 Filing			ling Fee & ified Copy	5160.00 F of Su	Filing Fee, Cer stus & Certifie			

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

•	IGTAHOR LLC Foreign Limited Diability Company; must include "Limite	
(Name of	Foreign Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "LLC.")
France (mayall	bla estas alemata a de	
risent of the mi	ble, enter alternate name adopted for the purpose of transs magers or managing members adopting the alternate name	acting business in Florida and attach a copy of the w c. The alternate name must include "Limited Liabilit
mpany," "L.L	.C," "LLC.")	
	Wyoming 3	27-2454266
courbany is out	(Anizac)	27-2454266 (PBI number, if applicable)
	03/03/2011	Perpetual
	O3/O3/2011 5. (Duration) cxist o	Perpetual tion: Year limited liability company will cease to "perpetual")
	(Date first transacted business in Florida, if price (See sections 608.501 & 608.502 F.S. to determine	or to registration.)
	(See sections 608.301 & 608.302 P.S. to determine	ine penalty liability)
<u>61-14 218</u>	th Street OAKLAND GDNS, NY 11364-2224	4
		28. 2
	(Street Address of Principa	(DBiss)
TE Barbard 11	shiller, comments to a manual transfer	o onice)
ון האוונונוני וו	ability company is a manager-managed company	<u> </u>
The name a	nd usual business addresses of the managing men	mbers or managers are as follows
	ITRA ROHATGI, 61-14 218th Street OAI	
OHAIA	THA NOTATIST, 01-14 2 TOUT SHEET OAT	KLAND GDNS, NT 11304-2224
FENG RE	N, 61-14 218th Street OAKLAND GDNS, N	NY 11364-2224
Attached is an	original certificate of existence, no more than 90 days old, dul	heresthereignes is the afficial by the established
jurisdiction un	der the law of which it is organized. (A photocopy is not seen	ptable. If the certificate is in a foreign lenguage, a
sizion of the	extificate under cath of the translator must be submitted.)	
Nature of I	ousiness or purposes to be conducted or promoter	d in Clauida.
i ivaluie () i	rustness of purposes to be confidence or promoter	u m Florius:
	Internet Sales of high end fashlo	n accessories
	S	Luker
	Swatanta V.	
	Signature of a member or an authorized re	epresentative of a member.
	Signature of a member or an authorized re (in accordance with section 608.408(3), F.S., the execu	epresentative of a member.
	Signature of a member or an authorized re	epresentative of a member. ution of this document constitutes acts stated herein are true.)

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 Com	ipany is:	
<u></u>	TAHOR LLC	
If unavailable, the alternate to be used in the	he state of Florida is:	
2. The name and the Florida street address	s of the registered agent and office are:	TAL
United State	es Corporation Agents, Inc. (Name)	LARAS
13302 WI	nding Oaks Bivd., Suite A	
	ddress (P.O. Box NOT ACCEPTABLE)	FLORID,
Tam		- AGI: 31.
	City/State/Zip	·
Having been named as registered agent and liability company at the place designated in agent and agree to act in this capacity. I fur relating to the proper and complete perform obligations of my position as registered agen	this certificate, I hereby accept the appoint riher agree to comply with the provisions of sunce of my duties, and I am familiar with a	ment as registered fall statutes ind accept the
(S(gnature) Jake Varghese, VP on behalf of United S	tates Corporation Agents, Inc.	
\$ 100.00 \$ 25.00		
\$ 25.00 \$ 30.00	0 0	
\$ 5.00	** ' - /	

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,

IGTAHOR LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on March 3, 2011, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2011-000598030.

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 16th day of August, 2011 at 3:14 PM. This certificate is assigned 010556819.



Secretary of State

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Notics: 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.

850~617-6361

8/18/2011 10:24:10 AM PAGE 1/001 Fax Server



August 18, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEZALZOOM.COM, INC. BARBARA DANG 100 W. BROADWAY SUITE 100 GLENDALE, CA 91210

SUBJECT: IGTAEOR LLC REF: W11000043132

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The attached form must be completed in order to file the document.

PAGE 1 MISSING (Application by Foreign Limited Liability Company).,

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 conderning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H11000205231 Letter Number: 111A00019368