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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ImageNet Consulting of Miami, 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:
Stacey R. Overton
Name of Person
ImageNet Consulting, LLC
Firm/Company
913 N. Broadway Avenue
Address
Oklahoma City, OK 73102
City/State and Zip Code
soverton@imagenetconsulting.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stacey R. Overton at (405) 600-1334
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\int\\$\$125.00 \text{ Filing Fee}\$ \$\int\\$\$130.00 \text{ Filing Fee & Certificate of Status}\$ \$\int\\$\$155.00 \text{ Filing Fee & Certified Copy}\$ \$\int\\$\$160.00 \text{ Filing Fee, Certificate Copy}\$ \$\int\\$\$160.00 \text{ Filing Fee, Certificate Copy}\$

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. <u>lm</u>	ageNet Consulting of Miami, LLC	·		_
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of	or "LLC	:.")	
consen	ne unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attact of the managers or managing members adopting the alternate name. The alternate name must include any," "L.L.C," "LLC.")			
2. <u>Te</u>	xas 3. 46-0562804			_
	isdiction under the law of which foreign limited liability (FEI number, if applicable) (pany is organized)			
4. <u>Ju</u>	ıly 12, 2012 5. Perpetual			_
	(Date of Organization) (Duration: Year limited liability companies of organization) (Duration: Year limited liability companies of organization)	y will c	ease to	
6. <u>ال</u>	uly 31, 2012			_
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7. 9	13 North Broadway			_
Ol	klahoma City, Oklahoma 73102			
	(Street Address of Principal Office)			
8. If	limited liability company is a manager-managed company, check here 🗸			
9. T h	ne name and usual business addresses of the managing members or managers are as fo	llows:		
T	om Russell			
9	13 North Broadway			
0	klahoma City, Oklahoma 73102			
the juri translat	tached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having isdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a forestion of the certificate under oath of the translator must be submitted.) Vature of business or purposes to be conducted or promoted in Florida:	ng custo	dyofu uage, a 2	exords in
	ny legal business permitted to be conducted in Florida	S AS	30	Ceres as
<u>/ 11</u>	ly legal business permitted to be conducted in fortida		PH	_
	Si da	FS.	بي	O
	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	·	ara.	
	penalties of perjury that the facts stated herein are true. I am aware that any false information sub-	mitted in	n a	
	document to the Department of State constitutes a third degree felony as provided for in s.81 Tom Russell	(1,133,)	

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:				
ImageNet Consulting of Miami, 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:				
Tom Russell				
(Name)				
2383 W 77th Street Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Hialeah, FL 33016 FL 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)				

Filing Fee for Application
Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ImageNet Consulting of Miami, LLC (file number 801624529), a Domestic Limited Liability Company (LLC), was filed in this office on July 12, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 16, 2012.



Hope Andrade Secretary of State