

## Florida Department of State

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### Foreign Limited Liability Company IM SAGE GROUP, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 03       |
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EXAMINER

BANK OF AMERICA

Fax 646-955-5467 Sep 6 2012 02:42pm P001/002

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

IN COMPLIANCE WITH SECTION 608303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE   | OF FLORIDA:   |
|---|---|
| I, IM SAGE GROUP, LLC   |   |
| (Name of Foreign Limited Liability Company; must include "Li  | nited Liability Company," "L.L.C.," or "LLC.")  |
| (If name unavailable, enter alternate name adopted for the purpose of tr consent of the managers or managing members adopting the alternate it Company," "L.L.C," "LLC.")   | ansacting business in Florida and attach a copy of the written<br>ame. The alternate name must include "Limited Liability |
| 2. Delaware 3. 45-  | 4481051   |
| (Jurisdiction under the law of which foreign limited liability company is organized)  | (FEI number, if applicable)   |
| 4. February 8, 2012 5. Per  | petual  |
| (Date of Organization) (D   | uration: Year limited liability company will cease to ist or "perpetual")   |
| 6. Upon Approval of this Application  |   |
| (Date first transacted business in Florida, if<br>(See sections 608.301 & 608.502 F.S. to dete  | prior to registration.) straine penalty liability)  |
| 7. 1414 Swann Avenue, Suite 100   | 55 22   |
|   | 30 k = −0   |
| Tampa, Florida 33606 (Street Address of Prin  | cinel Ciffice)  |
| (Succe Address of Fine  |   |
| 8. If limited liability company is a manager-managed comp   | any, check here   |
| 9. The name and usual business addresses of the managing  | members or managers are as follows:   |
|   | <b>⊕</b>  |
| Michael Sodlkoff, 1414 Swann Ave., Suite 100, T   | ampa, FL 33606  |
| ·   |   |
|   |   |
|   |   |
| 10. Attached is an original certificate of existence, no more than 90 days old the jurisdiction under the law of which it is organized. (A photocopy is not translation of the certificate under eath of the translator must be submitted.) |   |
| 11. Nature of business or purposes to be conducted or prom  | oted in Florida: All business and   |
| purposes which may lawfully be conducted in   |   |
| 22 201  |   |
| Signature of a member or an authoriz  | ed representative of a member.  |
| (In secondance 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. I am document to the Department of State constitutes a third  | aware that any false information submitted in a   |
| MICHAEL SOOIKAFF  | and to mond to brasines for HI 2.017.17.2.1 10.1  |
| Typed or printed name   | of signee   |
|   | -   |

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# 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.

| The name of the Limited Liability Company is:  IM SAGE GROUP, 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 off  | ice are:   |
| F&L CORP.   |  |
| (Name)  | 5 to 50  |
| One Independent Drive, Suite 1300   |  |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)  | C  |
| Jacksonville FL 32202   |  |
| City/State/Zip  |  |
| Having been named as registered agent and to accept service of process for a liability company at the place designated in this certificate, I hereby accept to agent and agree to act in this capacity. I further agree to comply with the prevelating to the proper and complete performance of my duties, and I am family obligations of my position as registered agent as provided for in Chapter 608 (Signature) | he appointment as registered<br>ovisions of all statutes<br>liar with and accept the |

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

S 5.00 Certificate of Status (optional)

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# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IM SAGE GROUP, 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 SIXTH DAY OF SEPTEMBER, A.D. 2012.

AND I DO BEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IM SAGE GROUP, LLC" WAS FORMED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2012.

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AUTHENTICATION: 9828067

DATE: 09-06-12