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(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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SEGNETARY OF STATE SUPPLIES OF STAT



ACCOUNT NO.	: 120000001	95		
REFERENCE	: 501186	7902431		
AUTHORIZATION	Lovelle of a	ran		
COST LIMIT	: (\$ 125.00			_
ORDER DATE : January 18, 2013				
ORDER TIME : 10:16 AM			24 2	
ORDER NO. : 501186-001			3FEB	-1
CUSTOMER NO: 7902431			語	T
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FOREIGN F	ILINGS		MII: 03	*
			3	
NAME: ITM MOBILE, LI	rc			
XXXX QUALIFICATION (TYPE: LI	<u>.</u> .)			
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILIN	NG:		
XX PLAIN STAMPED COPY				
CONTACT PERSON: Stephanie Milr	nes EXT# 529	920		
	EXAMINER:			

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ITM MOBILE, 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. Delaware 46 - 0918214 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 08-29-2012 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability) 8889 Cypress Preserve Place, Fort Myers, FL 33912 (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: Manager - Thomas Hallin - HTH business solutions LLC - 8889 Cypress Preserve PI, Ft Myers, FL 33912 Member - Ita Grossman - IT maskinen - Upplagsvagen 1, SE-117 43 Stockholm, Sweden 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:

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

Thomas Hallin, Founder and Manager

Typed or printed name of signee

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. 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, F.S.)

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 na	me of the Limited Liability Company is:	
If unavaila	able, the alternate to be used in the state of Florida is:	2013 FEB
2. The na	me and the Florida street address of the registered agent and office are:	EB II
	Corporation Service Company	
	(Name)	AN II: 08 Of STATE S. FLORIO
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
,	Tailahassee FL 32301	
	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.

Corporation Service Company

By: Stephanie Milnes Issa V.P.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ITM MOBILE, 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 ELEVENTH DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ITM MOBILE, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2012.

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

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Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 0206076

DATE: 02-11-13

You may verify this certificate online at corp.delaware.gov/authver.shtml