Division of Corporations

Page 1 of 1



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

**Enter	the	email a	address	for	this	busine	88	entity	to	be	used	for	future
			mailin										

Email Address:

Foreign Limited Liability Company INNFLUX, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

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Electronic Filing Menu

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Help

U. BRUUE

CR2E027 (9/10) COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Innflux, 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:	
Michael Grabenstein Name of Person	
Innflux, LLC Firm/Company	
850 W. Jackson Blud., Suite 250	
Address	
Chicago, IL 60607 Cliff State and Zip Code	2013 DEC 12
B-mail address: (to be deed for future annual report notification)	2 -
For further information concerning this matter, please call:	R 11
Mike Grebenskin at 312 850. 3399 Name of Person Area Code & Daytima Telephone Number	10: 28 10: 28
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Control of Corporations Registration Section Clifton Building Tallahassee, FL 32314	
Enclosed is a check for the following amount: \$\infty\$	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOILLOWING IS SURMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Inn flox, LLC (Name of Foreign Limited Liability Company, "LLC.," 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.") (Jurisdiction under the law of which foreign limited liability company is organized) 10 1 11 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpenual") (Date tirst transacted business in Florids, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 850 W. Jackson Blvd. (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: Brian O'Connor - 850 W. Sackson Bludy Suite 250. 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 furistiction 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: Install and support internet networks in hotels 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 hersin are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellowy as provided for in s.817,155, P.S.) Michael Grahenstein

Typed or printed name of signec

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.

I. The name of the limitum, LLC	he Limited Liability Co	ompany is:			
If unavailable, the	alternate to be used in	n the state of Florida is:		•	
2. The name and	the Florida street addr	ress of the registered agent and office are:	ACC C	2013	care è
		C T Corporation System		030	(1)
-		(Name)	AHASSE	12	I
	1	200 South Pine Island Road		R	177
-	Florida Stree	t Address (P.O. Box NOT ACCEPTABLE)	STATE	ä	Share STARR
1	Plantation	FL 33324	9 7	28	
•		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.

By: James M. Halpin
Assistant Secretary
(Signature)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INNFLUX, 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 DECEMBER, A.D. 2013.

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

5038889 8300

131412459

You may vorify this certificate online

Jeffrey W. Bullock, Secretary of State

DATE: 12-11-13