Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001311353)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

Email Address:

Foreign Limited Liability Company ICM REGISTRY AD LLC

الروان المراجع المنطقة بمرازين ورميد · · · · · · · · · · · · · · · · · · ·	
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TCM Registry AD LLC Name of Limited Liability Company	_
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."	1," Certificate of siness in Florida.,
Please return all correspondence concerning this matter to the following:	
Cathy Zibbel	-
ICM Registry AD LLC	- East = 1
P.O. Box 30129	
Palm Beach Gardens, FL 33420	H
City/State and Zip Code accounting Icm real stry. Com E-mail address: To be used for Illular annual report notification)	
For further information concerning this matter, please call:	
Cothy Zibbe at 561 290-060 2 Name of Contact Person Area Code Daytime Telephone Number	_
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: S125.00 Filing Fee School Filing Fee	

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED	TO REGISTER	Α
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1		
(Name of Foreign Limited Leability Company; must include "Limited Liability Company." "L.L.C." or "L.L.C."		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must Liability Company," "L.L.C." or "LLC.")	include "Limited	
2. DELAWARE 3. 90-0801515 (FEI number, If applicable)		
company is organized)		
(Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S., to determine penalty liability)	<u></u>	
s. 3300 PGA Blvd #605		
Palm Beach Gardens F1 33410		
(Street Address of Principal Office) P. D. Boy . 3013.9		
Palm Reach Gardens El 32420		
(Mailfing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to manage	s/arc:	
Stuart Lawley, Managing MBR		
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated having custody of records in the jurisdiction under the law of which it is organized. (A photocometric property of the cords in the jurisdiction under the law of which it is organized.		
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath omust be submitted)		г
Signature of an authorized person		
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the f		
am aware that any false information submitted in a document to the Department of State constitutes a third degree feeling as provided for in a	#17.155, F.S.)	true. I
am aware that any folsy information submitted in a document to the Department of State constitutes a third degree folyny as provided for in s Shuatt Lawley member	7.135, F.S.) TALLY 18.000	true. I
am aware that any folse information submitted in a document to the Department of State constitutes a third degree felying as provided for in a	TALLAHAS	true. 1
Typed or printed name of signee Typed or printed name of signee	7.135, F.S.) TALLY 18.000	inie. I

1. The name of the Limited Liability Company is:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

ICM Registry AD UC

2. The name	and the Florida street address of the registered agent and office are:	· · · · · · · · · · · · · · · · · · ·		
	C T Corporation System			
	(Name)			
	1200 South Pine Island Road			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Plantation FL 33324			
	City/State/Zip			
llability comp registered ago statutes relati accept the obt	City/State/Zip camed as registered agent and to accept service of process for the above sta any at the place designated in this certificate, I hereby accept the appointm ant and agree to act in this capacity. I further agree to comply with the pro ng to the proper and complete performance of my duttes, and I am familiar igations of my position as registered agent as provided for in Chapter 605,	ent as visions of all with and		
liability comp registered agu statutes relati	named as registered agent and to accept service of process for the above stamy at the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity. I further agree to comply with the prong to the proper and complete performance of my duttes, and I am familiar igations of my position as registered agent as provided for in Chapter 605,	nent as visions of all with and Florida	7	
llability comp registered ago statutes relati accept the obt	named as registered agent and to accept service of process for the above stamy at the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity. I further agree to comply with the prong to the proper and complete performance of my duttes, and I am familiar igations of my position as registered agent as provided for in Chapter 605,	nent as evisions of all ewith and e. Florida ALLAHASS		

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICM REGISTRY AD 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 FIFTH DAY OF JUNE, A.D. 2014.

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

5116542

DATE: 06-05-14