

MI4 00000 7347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700263438337

09/24/14--01010--016 \*\*130.00

FILED  
2014 OCT 10 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 13 2014

T CLINE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2014

BROCK HENNING  
142 CABLESWYND WAY  
SUMMERVILLE, SC 29485

365 CITRUS TOWER BLVD.  
CLEMONT FL. 34711

SUBJECT: IMSFL, LLC  
Ref. Number: W14000059326

COULD YOU PLEASE  
FORWARD ALL  
CORRESPONDENCE  
TO THIS ADDRESS  
THANK  
YOU.

We have received your document for IMSFL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 614A00020781

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 OCT 10 PM 8:14

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: IMS, 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:

**Brock Henning**

Name of Person

**IMS, LLC. dba- Homeowners Wholesale**

Firm/Company

**112 Cableswynd Way**

Address

**Summerville, SC. 29485**

City/State and Zip Code

**brock@homeownerswholesale.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Brock Henning**

Name of Contact Person

at **843**

Area Code

**628-3614**

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:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

2014 OCT 10 PM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. IMS, LLC.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

IMS 345, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. South Carolina

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-0868873

(FEI number, if applicable)

4. 10-01-2014

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10571 Hwy 78 E., Summerville, SC. 29483

(Street Address of Principal Office)

6. Homeowners Wholesale

365 Citrus Tower Blvd., Unit #122, Clermont, FL. 34711

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Brock Henning - Managing Partner

112 Cableswynd Way, Summerville, SC. 29485

Bee's RV Resort, 20260 Hwy 27 - Lot 10-A, Clermont, FL. 34715

8. 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)

  
\_\_\_\_\_  
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 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.)

Brock E. Henning

\_\_\_\_\_  
Typed or printed name of signee

2014 OCT 10 AM 8:14  
SECRETARY OF STATE  
FALL A PASSAGE FLORIDA

FILED

**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.

1. The name of the Limited Liability Company is:

**IMS, LLC.**

If unavailable, the alternate to be used in the state of Florida is:

**IMS 365, LLC**

2. The name and the Florida street address of the registered agent and office are:

**Brock E. Henning**

(Name)

**325 Citrus Tower Blvd. Unit #122**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Clermont**

**FL**

**34711**

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 605, Florida Statutes.*

(Signature)

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

2014 OCT 10 AM 09:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

IMS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on September 2nd, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
9th day of September, 2014.

A handwritten signature in black ink that reads "Mark Hammond".  
Mark Hammond, Secretary of State