Page 1 of 1



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.

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

Email Address:

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Foreign Limited Liability Company Ibex Management Services LLC

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

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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: IBEX Management Services, LLC Name delimited 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 Munter
Namo of Person
IBEX Monagement Services, LIC
Firm/Codeptny
5760 Manor Oak Avene
Address
Fix Larderdal, Florida 33312 City/State and Zip Code Michael - Munter D hotmail.com
City/Sinte and Zip Code
Michael - Munter & hotmail.com
E-mall address: (to be used for future unmial report notification)
For further information concerning this matter, please call:
Michael Munter ul 917 279-8314 Namo of Contact Person Area Code Daytimo Telephonic Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallabussee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Registration Section Clifton Building Tallabussee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Registration Section Clifton Building Tallabussee, FL 32314
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

J.

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 A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. TBEX Monagement Seven LLC (Name of Foreign Limited Limbility Company; number of Limited Liability Company," "L.L.C.," or "LLC.")
(If name anavellable, enter alternate name adopted for the purpose of transaciling business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Delowere (Jurisdiction under the law of which foreign literated liability company is organized) 3. 45-2605819 (FBI number, if applicable)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liab(lity)
5. 5760 Manik Oak Avenue
FORT LAURDERDACE, Planda 33312
6. 5760 Manor Oak Avenuc
For Larderdole, Florida 33312
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Michael Munter - Manager
5760 Manor Oak Arence
FoA Laurendole, Planda 33312
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 603.0203, F.S., the execution of this document constitutes as affirmation under the penalties of perjusy 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 Jetony as provided for in £817.155, F.S.)
Michael Mutch Manager
Typed or printed name of signee

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	of the Limite	d Liability Company is:	
	I Bex	Management Services, LLC	
		to be used in the state of Florida is:	
2. The name r	and the Floric	a street address of the registered agent and office are:	
	C T Corpora	nion System	
		(Name)	
	1200 South	Pine Island Road	
		Floride Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
	- 4.	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.

Debbie Diazinati Assistant Secretary

\$ 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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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "IBEX MANAGEMENT SERVICES 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 TWENTY-FIFTH DAY OF NOVEMBER, A.D.
2014.

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

5000533 8300

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You may varify this certificate online at corp. delaware, gov/authvar. shtml

AUTHENTACATION: 1897793

DATE: 11-25-14