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.

(((H15000017554 3)))



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 : (850)222~1092 Phone 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 IMC REGISTRY SX LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | S125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

1/22/2015 11:12:43 From: To: 8506176383

COVER LETTER

| | | COV | en lei i ek | | |
|--------------------------------|---|--|---|--|---|
| | stration Section Ion of Corporations | | | | |
| SUBJECT: | ICM Registry SX LLC | | | | |
| | | Name of Limite | d Liability Company | - | |
| The enclosed Existence, and | Application by Foreign check are submitted to | Limited Liability Compagnition the Limited Liability Compagnition (Liability Compagnition) | pany for Authorization enced foreign limited | n to Transact Busin liability company t | ness in Florida," Certificate of to transact business in Florida |
| Please return a | ill correspondence conce | eming this matter to the | following: | | |
| | Cathy Zibbel | | | | |
| | | N | ume of Person | | |
| | ICM Registry SX LI | <i>c</i> | | | |
| | | Fi | m/Company | - | |
| | PO Box 30129 | | | | |
| | | | Address | | |
| | Palm Beach Gardens | | | | |
| | | City/S | tate and Zip Code | | |
| | accounting@icmregi | | | | |
| | 1 | e-mail address; (to be use | f for future ennual repor | t notification) | |
| For further inf | ormation concerning thi | s matter, please call: | | | |
| Cath | y Zibbel, CFO | | nt (561) | 290-0602 | |
| - | Name of Co | ntact Person | Area Code | Daytime Teleph | one Number |
| Divis Regis P.O. | LING ADDRESS: nion of Corporations stration Section Box 6327 hassee, FL 32314 | Divisio Registr Clifton 2661 E | TT ADDRESS: n of Corporations ation Section Building keeutive Center Circle ssee, FL 32301 | • | |
| | | owing amount: \$130,00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing F Centified Copy | | 0 Filing Fee, Certificate lus & Certified Copy |

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

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

| 1 ICM Registry SX LLC | | |
|--|---|---|
| (Name of Foreign Lim | ited Liability Company; must include "Limited Liability Company," | L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate Liability Company," "L.L.C." or "Li | name adopted for the purpose of transacting business in Florida. The | alternute name must include "Limited |
| 2. Delaware | 3 38-3869495 | |
| (Jurisdiction under the law of whi company is organized) | ch foreign limited liability (FEI number | rr, if applicable) |
| 4. upon Filing or Later | | F. 6. |
| (! | (Date first transacted business in Florida, if prior to registration.) See sections 605.0904 & 605.0905, F.S. to determine penalty liability | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 5. 3300 PGA Blvd # 605 | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
| Palm Beach Gardens, FL 33 | | The R |
| | (Street Address of Principal Office) | 5. F. 2. F. |
| 6. PO Box 30129 | | |
| Palm Beach Gardens, FL 33 | | 7 |
| | (Mailing Address) | |
| 7 The name, title or capac | city and address of the person(s) who has/have autho | rity to manage is/are: |
| | | , |
| Smart Lawley, Managing MBR | PO Box 30129, Palm Beach Gardens, FL - 33420-0129 | |
| | | |
| | | |
| | | |
| | | and released to the Control |
| | ertificate of existence, no more than 90 days old, dul n the jurisdiction under the law of which it is organi | |
| acceptable. If the certificate | is in a foreign language, a translation of the certific | ate under oath of the translator |
| must be submitted) | | |
| | V/A | |
| | Signature of an authorized person | |
| (in accordance with section 605.0203, F am aware that any false information sub | S., the execution of this document constitutes an affirmation under the penalt mitted in a document of the Department of State constitutes a third degree felt | ies of perjury that the facts stated herein are use. my as provided for in \$.817.155, F.S.) |
| Stuar | t Lawley | |
| | Typed or printed name of signee | '' |

L. 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 | SX LLC | | |
|--------------|--------------------------------|---|--------------|
| If unavailab | e, the alternate to be used in | the state of Florida is: | ちょれ |
| 2. The name | and the Florida street addre | ess of the registered agent and office are: | P P B |
| | C T Corporation System | | ELORIE C. FS |
| | | (Name) | |
| | 1200 South Pine Island Rose | | |
| | Florida Street | | |
| | Plantation | FL 33324 | |
| | | City/Suste/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.

By: Jarden Brown, Assistant Secretary CT Corporation System

(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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICM REGISTRY SX 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-FIRST DAY OF JANUARY, A.D. 2015.

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

5116536 8300

150080137

You may verify this certificate onlig at corp.delaware.gov/authver.shtml Jeffrey W. Bullock, Secretary of State

DATE: 01-21-15