

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.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BUSH ROSS, P.A.
Account Number : I19990000150
Phone : (813)224-9255
Fax Number : (813)223-9620

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IMAGENET LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$55.00

K. SALY

SEP - 4 2024

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: IMAGENET LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000007874

3. Jurisdiction of its organization: WASHINGTON

4. Date authorized to do business in Florida: OCTOBER 1, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," 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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

DELAWARE

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Penh Tor-Tuliano

Signature of the authorized representative

PENH TOR-TULIANO, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMAGENET 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 EIGHTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMAGENET LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2022.

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

FILED
2024 SEP -3 AM 2:17
TALLAHASSEE, FLORIDA
COUNTY CLERK



7153471 8300

SR# 20243368299

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 204123127

Date: 08-08-24

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A WASHINGTON
LIMITED LIABILITY COMPANY UNDER THE NAME OF "IMAGENET LLC" TO A
DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE
TWENTY-SECOND DAY OF NOVEMBER, A.D. 2022, AT 2:52 O'CLOCK P.M.

FILED
2024 SEP -3 AM 2:17
JACOB H. GALAHAD
GALLAHAD & ASSOCIATES, P.A.
10010



7153471 8100V
SR# 20243463796

You may verify this certificate online at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State

Authentication: 204201676
Date: 08-20-24

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY
COMPANY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Washington.
- 2.) The jurisdiction immediately prior to filing this Certificate is Washington.
- 3.) The date the Non-Delaware Limited Liability Company first formed is JULY 23, 2002.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Imagenet LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Imagenet LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
21st day of November, A.D. 2022.

By: 
Authorized Person

Name: Steven Strawn
Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "IMAGENET LLC", FILED
IN THIS OFFICE ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2022,
AT 2:52 O'CLOCK P.M.



7153471 8100
SR# 20243463796

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

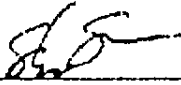
Authentication: 204201677
Date: 08-20-24

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Imagenet LLC
_____.

2. The Registered Office of the limited liability company in the State of Delaware is located at 1209 Orange Street (street),
in the City of Wilmington, Zip Code 19801. The
name of the Registered Agent at such address upon whom process against this limited
liability company may be served is The Corporation Trust Company
_____.

By: 
Authorized Person

Name: Steven Strawn
Print or Type