

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.

(((H160001873013)))



H160001873013ABC

| Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368 er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Foreign Limited Liability Company IGK LLC Certificate of Status Certificate Copy Page Count O | To: | Division of Co Fax Number | | Pleo da! | ise retain te of subi | original mission |
|---|-------------|--|--------------------------|---------------------------------|--------------------------|---------------------|
| Foreign Limited Liability Company IGK LLC Certificate of Status Certified Copy O ***Attn: Justin Shiver | From | Account Name Account Number Phone | : FCA00000 : (850)205 | PORATION SYS 00023 5-8842 | | j, |
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Electronic Filing Menu

Corporate Filing Menu

Help

9/21/2016 4:01:23 PM From: To: 8506176383(3/5)

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|--------|--|--|---------------------------------------|---|--|--|--|
| SUBJI | ECT: IGK LLC | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | Name of L | Limited Liability (| Company | | | |
| | closed "Application by Forei nce, and check are submitted | | | | | | |
| Pleasc | return all correspondence con | ncerning this matter to the t | following: | | | | |
| | David Gundell | | | | | | |
| | | Na | ame of Person | | | | |
| | IGK LLC | | | | | | |
| | | Fir | rm/Company | | | | |
| | 4141 Ne 2nd Avenue, Suite 205 | | | | | | |
| | | | Address | | | | |
| | Miami, FL 33137 | 7 | | | | | |
| | | City/Si | tate and Zip Code | | | | |
| | dgundell@luxpb.cc | | | | | | |
| | | E-mail address: (to be used | i for future annual | report not | ification) | | |
| For fu | rther information concerning | this matter, please call; | | | | | |
| | David Gundell | | 305 at (| 417-64 | 26 | | |
| | Name of | Contact Person | Arca Code | Day | time Telephone Number | | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrati Clifton B 2661 Exe | CADDRESS: of Corporations ion Section uilding cutive Center Circle iee, FL 32301 | | |
| Enclos | ed is a check for the followin ☐ \$125.00 Filing Fee | ng amount: □ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filion | ng Fee & | ☐ \$160.00 Filing Fee, Cet of Status & Certified Copy | | |



August 8, 2016

FLORIDA DEPARTMENT OF STATE
Division of Comporations

C T CORPORATION SYSTEM

SUBJECT: IGK LLC REF: W16000053552

RE-SUBMIT Please retain original filing date of submission 9/22

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is F11000001151.

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

Justin M Shivers FAX Aud. #: H16000187301

Regulatory Specialist II Supervisor Letter Number: 516A00016250

Registration/Qualification Section

9/21/2016 4:01:23 PM From: To: 8506176383(4/5)

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. IGK LLC | ign Limited Liability Company; must include | Winded Linklity Company Will L.C. Tor | ·11.635 | |
|---|---|---|-----------------|-----------------|
| IGK Products L | • • • • | Turnied Liability Company, L.E.C., or | 13.2. | |
| (If name unavailable, enter all Liability Company," "L.L.C." | ternate name adopted for the purpose of transe or "LLC.") | ecting business in Florida. The alternate nar | ne must includ | de "Limited |
| 2. Delaware | 3 | (FEI number, if applicable | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable |) | |
| 4. Upon Qualification | | - 14 | | |
| | (Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S. | ida, if prior to registration.) 5. to determine penalty liability) | | |
| 5. 4141 NE 2nd Ave. Ste | 205, Miami, Fl. 33137 | | - | |
| | | | | |
| _ | (Street Address of Principal C | Office) | | |
| 6. Same | | | | |
| | | | | |
| | (Mailing Address) | | - 13 cm - 2 | *** |
| 7. Name and street address | s of Florida registered agent: (P.O. Box | NOT acceptable) | r | · · · · · |
| Name: | CT Corporation System | 4.4. | | \\\ |
| Office Address: | 1200 South Pine Island Road | | | |
| V | | Plant Ja 2224 | | To do many |
| | Plantation (City) | , Florida <u>33324</u> (Zip code) | | بر د: |
| Registered agent's accep | tance: gistered agent and to accept service of p | rocess for the above stated limited liah | ellity compai | ry at the place |
| designated in this applica | tion, I hereby accept the appointment as ons of all statutes retailive to the proper a | registered agent and agree to act in the | his capacity. | I further agree |
| | my position as registered agent. | | , 4110 2 31111 | Januar wan am |
| | By: Tammy Tofteroo CT Corporation (Registered ager | on System | | |
| | (Registered ager | nt's signature) | | |
| 8. The name, title or caps | acity and address of the person(s) who has | s/have authority to manage is/are: | | |
| • | d Ave. Ste 205, Miami, FL 33137 Mana | | | |
| Jonathan Sharp, 4141 NE | 2nd Ave. Ste 205, Miami, FL 33137 M | anager | | |
| | | | | |
| | | | | |
| 9. Attached is a certificate | of existence, no more than 90 days old, of which it is organized. (If the certificate | tuly authenticated by the official having | g custody of | records in the |
| of the translator must be s | | e is in a injugit tanguage, a translation | of the Certific | THE IIIUGI CAUI |
| | Ow | | | |
| | Signature of an au | thorized person | _ | |
| This document is executed | d in accordance with section 605,0203 (1) | (b), Florida Statutes. I am aware that a | ny false info | rmation |
| submitted in a document to | o the Department of State constitutes a thi | rd degree felony as provided for in s.81 | 7.155, F.S. | |
| | 15/1-11 | | may come | |
| | Typed or printed no | nue ai aikuee | | |

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IGK 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

SIXTEENTH DAY OF JUNE, A.D. 2016.

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

Authentication: 202501700

Date: 06-16-16

5743257 8300 SR# 20164488692

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