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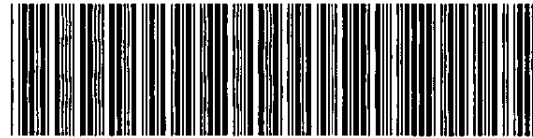
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DIVISION OF CORPORATIONS

O SIMMONS

NOV 21 2016



Wendy Stoneman
Wendy.Stoneman@ofplaw.com
Direct: 703-218-2328

November 15, 2016

Division of Corporations
Registration Section
Attn: Ms. Octavia I. Simmons
P.O. Box 6327
Tallahassee, FL 32314

Re: Application by a Foreign Limited Liability Company for Authorization to
Transact Business in Florida of Immersive Wisdom, LLC

Dear Ms. Simmons

Enclosed please find your letter dated November 3, 2016, noting deficiencies in our filing as well as the Application for Authorization to Transact Business in Florida which now includes the missing information for item 8.

Thank you for the opportunity to correct our filing.

If you have any questions or need anything further, then please give me a call.

Very truly yours,

A handwritten signature in black ink that reads "Wendy Stoneman". The signature is fluid and cursive, with a long horizontal flourish at the end.

Wendy Stoneman

Enclosures

cc: Wayne M. Zell, Esquire

#3289046v1 55624/00001

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Immersive Wisdom, 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:

Wendy Stoneman

Name of Person

Odin, Feldman & Pittleman

Firm/Company

1775 Wichle Avenue, Suite 400

Address

Reston, VA 20190

City/State and Zip Code

wendy.stoneman@ofplaw.com

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

For further information concerning this matter, please call:

Wendy Stoneman

703

218-2315

Name of Contact Person

at (_____) _____

Area Code

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

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. Immersive Wisdom, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. upon filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1775 Wiehle Avenue, Suite 400
Reston, VA 20190
(Street Address of Principal Office)
6. 1775 Wiehle Avenue, Suite 400
Reston, VA 20190
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 S. Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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.

Kathryn A. Whelton, Asst. Secretary
(Registered agent's signature)

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

Wayne M. Zell, Assistant Secretary
1775 Wiehle Ave., Suite 400
Reston, VA 20190

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Wayne M. Zell
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Wayne M. Zell
Typed or printed name of signee

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DIVISION OF CLERK OF SUPREME COURT

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "IMMERSIVE WISDOM, 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 NINETEENTH DAY OF OCTOBER, A.D. 2016.



6187977 8300

SR# 20166275972

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203191193

Date: 10-19-16