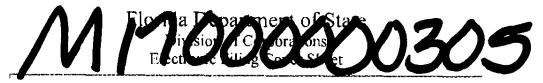
Page 1 of 2



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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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 Phone : (614) 280-3338 Fax Number : (954)208-0845

**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

Immersive Enterprises, LLC Certificate of Status Certified Copy O) Page Count 05 Estimated Charge \$125.00 င္တာ

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Corporate Filing Menu

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COVER LETTER

TO:	Registration Section Division of Corporations
SURU	Immersive Enterprises, LLC
Division of Corporations Immersive Enterprises, LLC Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Co Existence, and check are submitted to register the above referenced foreign limited liability company to transact business. Please return all correspondence concerning this matter to the following: Marianne Ansel, Paralegal Name of Person	
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of se, 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:
	Marianne Ansel, Paralegal
	Name of Person
	Duane Morris Ll_P
	Firm/Company
	30 South 17th Street
	Address
	Philadelphia, PA 19103
	City/State and Zip Code
	notices@immersive.co .
	E-mail address: (to be used for future annual report notification)
For fu	her information concerning this matter, please call:
	27 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -
	Name of Contact Person Area Code Daytime Telephone Number
	Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tullahassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle
Enclos	□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155 00 Filing Fee & □ \$160.00 Filing Fee, Certificate

В:

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: Immersive Enterprises, 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 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 20533 Biscayne Boulevard, Suite 1322, Aventura, FL 33180 (Street Address of Principal Office) 20533 Biscayne Boulevard, Suite 1322, Aventura, FL 33180 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Abi Mandelbaum Name: 20533 Biscayne Boulevard, Suite 1322 Office Address: , Florida 33180 (Zip code Aventura (City) 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 complywith 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Abi Mandelbaum, CEO, 20533 Biscayne Boulevard, Suite 1322, Aventura, FL 33180 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 confifeate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 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.

Abi Mandelbaum

<u>Delaware</u>

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "IMMERSIVE ENTERPRISES, 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 ELEVENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

6240182 8300

SR# 20170166827

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

Authentication: 201852885

Date: 01-11-17