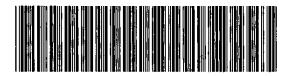
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORID!

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D. BRUCE MAY 24 2017



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 2, 2017

**BRYANT WHELAN** 7110 STONELION CIRCLE JACKSONVILLE, FL 32256

SUBJECT: IMAGINE INVESTMENT PROPERTIES, LLC

Ref. Number: W17000037817

We have received your document for IMAGINE INVESTMENT PROPERTIES, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$125.00. -ATTACHED

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Deborah Bruce Regulatory Specialist II

Letter Number: 617A00008622

MAILED New check Check # 120

5/17/17

L AMACHED

#### COVER LETTER

TO:		tion Section of Corporation	s								
SUBJE	ЕСТ:	IMAL	INE	NUE	STN	MENT	PROI	PERTI	ES		
				Nam	ne of Li	mited Liabilit	y Company				
The end Existen	closed "App ice, and che	plication by Fore ck are submitted	eign Limit I to registe	ed Liability of the above	Compai referen	ny for Author ced foreign lic	ization to Tre mited liability	insact Busine company to	ss in Flor transact t	ida," Cer pusiness i	iificate of n Florida.
Please	return all co	orrespondence c	oncerning	this matter t	o the fo	llowing:					
			٤	BRYAT	17	WITEL	AN				
					Nan	ne of Person					
	-				Firm	ı/Company		**************************************			
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For flor	ther in form					JUEST or future anni	MENT ual report no	PROPI	= 12:10 A	AS G	9M
rot luti	met miotin	ation concerning	this mair	er, piease ca	H;						
	***************************************	BRYANT Name o	WITE Contact	Person	<del></del>	at ( <u>501</u> Area Co	<u>) 31</u> de Day	O - 28 Itime Teleph	식 l one Numb	er	
	Division Registrate P.O. Box	G ADDRESS: of Corporations ion Section 6327 ee, FL 32314					Division Registrat Clifton E 2661 Exc	of Corporati ion Section building ecutive Centuses, FL 3230	ons er Circle		
	Ø\$125.0	k for the following Fee	□ <b>\$</b> 130.	00 Filing Fea		□ \$155.00 F Certified Cop		□ \$160.00 of Status &			icate
				W17-	.37	817					

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

IN COMPLIANCE WITH SECTION 605.0302, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

(If name unavailable, enter al Liability Company," "L.L.C."		or the purpose of transacti	ng business in Florida.	The alternate name	must inclu	ide "Limited	
2 NEVADA	•	3	•				
(Jurisdiction under the law company is organized)	of which foreign limited	d liability	(FEI num	per, if applicable)			
4.	(Date first trans	sacted business in Florida ,0904 & 605.0903, F.S. to	i, if prior to registration.	)			
5. 7110 STONELION C		,0904 & 605,0905, F.S. te	a determine penalty hab	ulity)			
F	****	A DESCRIPTION OF THE PROPERTY					
JACKSONVILLE, FL	. 32256	i Address of Principal Off	fice)				: `.
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6				Z SE	3.	~~	
	#	(Mailing Address)		<u> </u>	Sign May		
	0.704		om	ASS	~		
7. Name and street address	2		OT acceptable)	EE O	ω π	THE STATE OF	
Name:	Registered Agent		to garage for a front recent of a case day type second	F 8	<b>U</b>	0	
Office Address:	3030 N. Rocky	Point Dr. STE 15	50A	RAT	<u>ت</u>		
	Tampa		, Florida	33607	0		
Registered agent's accep		(City)		(Zip code)			
Having been named as redesignated in this applicate to complywith the provising accept the obligations of	egistered agent and to ation, I hereby accept ions of all statutes rel	t the appointment as re lative to the proper and	egistered agent and a	gree to act in this	capacity	. I further a	gree
	the processing to the contraction of the contractio	Bel Jun	Control Design 14 Acres a management of record com-	<b></b>			
		(Registered agent's	s signature)				
8. The name, title or cap	pacity and address of t	he person(s) who has/h	nave authority to mana	ige is/are:			
JORDAN WHELAN, M	INNAGER: 7110 ST	ONELION CIRCLE J	JACKSONVILLE, FL	_ 32256	· 		
BRYANT WHELAN, M.	ANAGER: 7110 ST	CONELION CIRCLE	JACKSONVILLE, F	L 32256			
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O Attached is a certificate	e of existence, no mor	re than 90 days old, dul zed. (If the certificate is	ly authenticated by the	e official having o	ustody of the certif	frecords in th Neate under c	ie ath
jurisdiction under the law of the translator must be s		3mg & f	Orized person				

Typed or printed name of signee

**BRYANT WHELAN** 

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **IMAGINE INVESTMENT PROPERTIES, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 7, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 20, 2017.

Ballara K. Cegewske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20170420-1991
You may verify this electronic certificate
online at http://www.nvsos.gov/