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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
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  
Inmotion Simulation, LLC**

Certificate of Status	0
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DEC 20 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INMOTION SIMULATION, 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:

James D. Atkinson

Name of Person

Carpenter, Hazlewood, Delgado & Bolon, LLP

Firm/Company

1550 Plaza West Drive

Address

Prescott, AZ 86303

City/State and Zip Code

mark@inmotionsimulations.com

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

For further information concerning this matter, please call:

Tam Fort / James Atkinson

928

445-9224 (Jim) or 445-5870 (Tam)

at

Name of Contact Person

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 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THIS STATE OF FLORIDA:

## 1. INMOTION SIMULATION, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name is 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. Arizona

(Jurisdiction under the law of which foreign limited liability company is organized)

## 3.

(FEI number, if applicable)

## 4. 10-1-17

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0906 & 605.0903, F.S. to determine penalty liability)

## 5. 450 Basin Street

(Street Address of Principal Office)

Daytona Beach, FL 32114

## 6. 450 Basin Street

(Mailing Address)

Daytona Beach, FL 32114

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

Name: Mark Barry

Office Address: 450 Basin Street

Daytona Beach

(City)

Florida 32114

(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.

By:

*Mark Barry*

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Member

Mark Barry

450 Basin Street

Daytona Beach, FL 32114

(Use attachments if necessary)

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)

10. 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.

*Mark Barry*

Signature of an authorized person

Mark Barry

Typed or printed name of signer

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Ted Vogt, Executive Director of the Arizona Corporation Commission, do hereby certify that

**\*\*\*INMOTION SIMULATION, LLC\*\*\***

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 29th day of April 2004.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 19th day of December, 2017, A. D.



Ted Vogt, Executive Director

By: 1789979