M17000010878				
(Requestor's Name) (Address) (Address)	800305765598			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	11/20/1701018002 *+125.00			
Certified Copies Certificates of Status	FILED 17 DEC 22 PH 1: 32 14 ANALOSE REPORT MELANALOSE REPORT ULECCENT			
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2017

DAVID GALLIMORE 12717 W SUNRISE BLVD #188 SUNRISE, FL 33323

SUBJECT: INFERMARK, LLC Ref. Number: W17000092856

We have received your document for INFERMARK, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Pijeaux Regulatory Specialist

Letter Number: 717A00023616

2017 BEE 22 AK H: 23 TALLANASSER OF END

www.sunbiz.org

Division of Cornerations - P.O. BOX 6327 - Tallahasson, Florida 32314

### COVER LETTER

#### TO: Registration Section Division of Corporations

For

Enc

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# SUBJECT: Infermark, 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:

David Gallimore		
. N	ame of Person	· · · · · · · · · · · · · · · · · · ·
Infermark, LLC		
ŀ,	'irm/Company	
12717 W. Sunrise E	3lvd., #18	8
	Address	
Sunrise, FL 33323		
City/S	itate and Zip Code	
dgallimore@inferma	rk.com	
E-mail address: (to be use		report notification)
further information concerning this matter, please call:		
David Gallimore	,240	,475-5804
Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Falfahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Cliflon Building 2661 Executive Center Circle Tallahassee, FL 32301
osed is a check for the following amount: ■ \$125.00 Filing Fee □ □ \$130.00 Filing Fee &	🗆 \$155.00 Filinj	g Fee & 👘 🗖 \$160.00 Filing Fee, Certifi

Certified Copy

of Status & Certified Copy

Certificate of Status

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

IN COMPLIANCE WITH SECTION 005.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

## 1. Infermark, LLC

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

		_		
Delaware		<u>3.</u> 27-1		
(Jurisdiction under the law of w)	hich foreign limited hability company is organized)		(FEL numb	er, if applicable)
		-		
	(Date first transacted business in Florida, if prior to r (See sections 605 0901 & 605,0905, F.S. to determin	registration ) ne penalty hability)		
. 12717 W. Sunrise E		6		
(Street Address of F Sunrise, FL 33323	rancipal Office)		(Mailing Addi	<b>(</b> ))
. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> accepta	ible)	DEC
Name:	David Gallimore			22 E
Office Address:	12717 W. Sunrise Blvd. #188			
	Sunrise		. Florida <u>33323</u>	
esignated in this applica comply with the provisi	gistered agent and to accept service of p tion, 1 hereby accept the appointment as ons of all statutes relative to the proper	s registered ag	ent and agree to act	in this capacity. I further a
laving been named as re esignated in this applica > comply with the provisi	tance: gistered agent and to accept service of p tion, 1 hereby accept the appointment as	s registered ag and complete	ent and agree to act	in this capacity. I further a
laving been named as re esignated in this applica > comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper s of my position as registered agent.	s registered ag and complete	ent and agree to act	in this capacity. I further a
laving been named as re esignated in this applica > comply with the provisi nd accept the obligation:	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper s of my position as registered agent.	s registered ag and complete signature) as/have authori	ient and agree to act performance of my o	in this capacity. I further a
laving been named as re- esignated in this applica o comply with the provisi nd accept the obligations 8. The name, title or capa	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper s of my position as registered agent. (Registered agent) (Registered agent) acity and address of the person(s) who ha	s registered ag and complete signature) as/have authori	ient and agree to act performance of my o y to manage is/are:	in this capacity. I further a luties, and I am familiar wit
laving been named as re- esignated in this applica o comply with the provisi nd accept the obligations 8. The name, title or capa <u>Title or Capacity:</u>	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper s of my position as registered agent. (Registered agent) (Registered agent) (Registered agent) acity and address of the person(s) who ha <u>Name and Address:</u> David Gallimore 12/17 W Server Bred 4166	s registered ag and complete signature) as/have authori	ient and agree to act performance of my o y to manage is/are:	in this capacity. I further a luties, and I am familiar wit
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<ul> <li>laving been named as re- esignated in this application of comply with the provision of accept the obligations</li> <li>The name, title or capa <u>Title or Capacity:</u> President</li> <li>Use attachments if neces.</li> </ul>	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's service) acity and address of the person(s) who ha <u>Name and Address:</u> David Gallimore 12/17 W Survey Brod #186 Surrive FL 33323 Sarry)	s registered ag	ent and agree to act performance of my a ty to manage is/are: <u>Capacity:</u>	in this capacity. I further a duties, and I am familiar with 
<ul> <li>laving been named as re- esignated in this application of comply with the provision of accept the obligations</li> <li>The name, title or capa <u>Title or Capacity:</u> <u>President</u></li> <li>Use attachments if necession.</li> <li>Attached is a certificate</li> </ul>	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's service) acity and address of the person(s) who ha <u>Name and Address:</u> David Gallimore 12/17 W Survey Brod #186 Surrive FL 33323	s registered ag and complete signature) as/have authori <u>Title or</u>	ent and agree to act performance of my o ty to manage is/are: <u>Capacity:</u>	in this capacity. I further a duties, and I am familiar with <u>Name and Address:</u>

Signature of an authorized person

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

**David Gallimore** 

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFERMARK 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFERMARK LLC" WAS FORMED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2010.

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



Juffrey W Bullioca, Bacrollary of Blatt

Authentication: 203782245 Date: 12-18-17

Page 1

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SR# 20177637576 You may verify this certificate online at corp.delaware.gov/authver.shtml