Florida Department of State

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(((H180001471513)))



H180001471513ABC

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**Enter the enail address for this Dusiness on they to be used for Euture annual report mailings. Enter only one email address please Email Address:

> Foreign Limited Liability Company MULTI MOBILE IMAGING, LLC

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H18000147151 3 APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

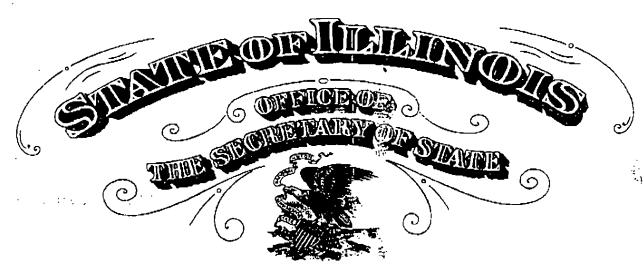
| IN COMPLIANCE WITH SECT COMPANY TO TRANSACT BU | TION 605.0902. FT.ORIDA STATUTES. TI SINESS IN THE STATE OF FLORIDA: | HE FOIJ.OWI | NG IS SUBMITTED T | O REGISTER I | 4 <i>FOREIG</i> V | LIMITE | D LIABILIT |
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| MULTI MOBILE IMA | GING, LLC | | | | | | |
| (Name of Foreign I | Imited Liability Company; must include "I | . Imited Clability | | or "LLC.") | | | |
| MMI OF FLORIDA, LLC | | • | GI. | | | 1 6 : *! | <u></u> |
| if come irravallable, enter alteriate na | me adopted for the purpose of transacting business | s in Florida The al | terižķē name must include | "Hamiled Liability | Company. L | .la.l | LLU.) , |
| . ILLINOIS | | 3. | Applied for | (Fh) muniter, lf | applicable | 26118 | _ |
| (Jurisalization under the law of with | ich Toreign: limited Lability company is organizm) | | | , , , | `~ ~ > 5: | _ | |
| 4. 03/01/2018 | | · · · · · · · · · · · · · · · · · · · | | | | MAY | |
| | Date first transacted business to Florida, if p Ser scrittens 605,0904 & 605,0905, P.S. to | delectrine penalty | imbility) | | SS (2) | 0 | |
| 5 1901 Raymond Drive | | G. | 1901 Raymond D | | | - 0 | —[T] |
| (Street Address of P | rincipal Office) | | Suite 20 | (Mailing Address) | | Ĭ | - |
| Suite 20 | | | Northbrook, Illing | | <u> </u> | ـب | _ ~- |
| Northbrook, Illinois 60 | 062 | | Not motook, mak | 113 (10002 | - 13 - 1 | -5 | |
| | | | | | | | |
| Name and <u>street addres</u> | s of Florida registered agent: (P.O | . Box <u>NOT</u> | accoptable) | | | | |
| Name: | Michael Giterman | | | | | | |
| | 3120 South Ocean Boulevard, Ur | nii 1-202 | () | | | | · |
| Office Address: | 3120 South Ocean Bodieving, o. | | | | | | |
| | Palm Beach , Florida 33480 (Cm) (Zip ondo) | | | 3480 | | | |
| and accept the obligation | s of my position as registered ager we chal witter | ues. | יגלי | | | | |
| | (Registered | . हात्वर र प्रोड्राक्टाप्टर) | | | | | |
| 8. The name, title or cap. <u>Title or Capacity:</u> | acity and address of the person(s) v Name and Address: | vho has/have <u>I</u> | authority to managite: | ge is/are: | Name and | l Addre | <u>:55:</u> |
| Manager | Michael Giterman | | | | | | |
| | 3120 S Ocean Blvd, #1- | 202 | · · · · · · · · · · · · · · · · · · · | | | | |
| | Palm Beach, FL 33480 | | | | | | |
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| (Use attachments if neces | isary) | | | | | | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be s | e of existence, no more than 90 day of which it is organized. (If the cerebb mitted) | s old, duly a difficate is in | atheraticated by the | officiai havi , a translation | ng custody n of the cer | of reco | ords in the under oath |
| 10. This document is executed in a document t | cuted in accordance with section 60 the Department of State constitute the Charles of the Charle | 5.0203 (1) (the said third deg | o), Florida Statutes gee felony as provi a <u>ajob</u> r. | . I am aware t ded for in s.8 | that any fal 317.155, F. | se infor S. | mation |
| | Michael Glierman | | | | | | |

Typed or printed name of signee

H180001471513

File Number

0287532-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MULTI MOBILE IMAGING, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 07, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Vinereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of FEBRUARY A.D. 2018

Authentication #: 1805202492 verifiable until 02/21/2019
Authenticate at: http://www.cyberdrivellinois.com

Desse White

SECRETARY OF STATE