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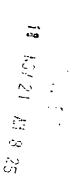
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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TRAND 21 PH 1:5



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 499776 796128

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE: November 20, 2018

ORDER TIME : 9:21 AM

ORDER NO. : 499176-025

CUSTOMER NO: 7961286

FOREIGN FILINGS

NAME: COLORFX, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:		ation Section n of Corporations
SUBJE		korFX, LLC
		Name of Limited Liability Company
		pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of neck 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:
		Ashley Buntrock
		Name of Person
		Mittera Group, Inc
		Firm/Company
		1312 Locust St Ste 202
		Address
		Des Moines, IA 50309
		City/State and Zip Code
· · .		ashley.buntrock@mittera.com
·	•	E-mail address: (to be used for future annual report notification)
For fur	ther infort	nation concerning this matter, please call:
	Ashley	Buntrock 515 343-5359
•		Name of Contact Person Area Code Daytime Telephone Number
	Division Registra P.O. Bo	NG. ADDRESS: of Corporations tion Section x 6327 Seee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
		ck for the following amount: .00 Filing Fee

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	me adopted for the purpose of transacting business in I	Florida The alternate name must include "Limited	Listility Company," "L.L.C," or "LLC.")
IOWA		3. 42-1131357	
(Jurisdiction under the law of whi	ich foreign limited hability company is organized)	(FE) m	ember, if applicable)
01/01/2019			
··	(Date first transacted business in Florida, if junor (See sections 605,0904 & 605,0905, F.S. to deter	to registration.) amine penalty liability)	
5 10750 Aurora Ave	•	6. 1312 Locust St Ste 202	
(Street Address of Pr	nncipe) Office)	O. (Mailing A	ddress)
Urbandale, IA 50322		Des Moines, 1A 50309	
			
7. Name and street address	of Florida registered agent: (P.O. Bo	ox NOT acceptable)	
	Corporation Service Company		□ ·
Name:	Corporation Service Company		2 !
Office Address:	1201 Hays Street		
· · · .	Tallahassec	, Florida 32301	*
	(Ciry)	, Florida <u>32301</u>	
lesignated in this applicat to comply with the provision and accept the obligations	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prop of my position as registered agent.	of process for the above stated limit t as registered agent and agree to a	ed liability company at the place of in this capacity. I further ago y duties, and I am familiar with Roxanne Turne
Having been named as reg lesignated in this applicat o comply with the provision and accept the obligations	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the proposition as registered agent. Corporation Service Company (Registered agent	of process for the above stated limit t as registered agent and agree to a per and complete performance of n m's signature)	ed liability company at the place in this capacity. I further ag by duties, and I am familiar with Roxanne Turne Asst. Vice Preside
Having been named as reg lesignated in this applicat o comply with the provision and accept the obligations	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prop of my position as registered agent. Corporation Service Company By:	of process for the above stated limit t as registered agent and agree to a per and complete performance of n m's signature)	ed liability company at the place in this capacity. I further ag by duties, and I am familiar with Roxanne Turne Asst. Vice Preside
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Having been named as reglesignated in this applicate of comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity:	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent. Corporation service Company (Registered agent) City and address of the person(s) who Name and Address: Jon Troen 1312 Locust St St 202 Des Moines, IA 50309	of process for the above stated limits tas registered agent and agree to a per and complete performance of marks signature) has/have authority to manage is/are	ed liability company at the place in this capacity. I further ag by duties, and I am familiar with Roxanne Turne Asst. Vice Preside
Having been named as reglesignated in this applicate of comply with the provision and accept the obligations. 8. The name, title or capa Title or Capacity: CEO (Use attachments if necess). Attached is a certificate	city and address of the person(s) who Name and Address: Jon Troen 1312 Locust St St 202 Des Moines, IA 50309 Des which it is organized. (If the certifice of which it is organized. (If the certifice corporation)	of process for the above stated limit tas registered agent and agree to a per and complete performance of months signature) has/have authority to manage is/are Title or Capacity:	ed liability company at the place in this capacity. I further ago y duties, and I am familiar with Roxanne Turne Asst. Vice Preside

Typed or printed name of signee

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Date: 11/21/2018

Name: COLORFX, LLC (489DLC - 11359)

Date of Incorporation: 7/5/1979

Duration: PERPETUAL

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. The Secretary of State has not administratively dissolved the limited liability company.
 - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS160134

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State