

11/26/2018

W18000010512

Division of Corporations

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

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

SECRETARY OF STATE
FALL WASSER, CT 06030

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Foreign Limited Liability Company
IPARAMETRICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2018 NOV 26 PM 1:58

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11-27-18

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 LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

(If name 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. Georgia 3. 20-0631731
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 3030 N. Rocky Point Dr. 6. 3030 N. Rocky Point Dr.
(Street Address of Principal Office) (Mailing Address)
STE 150A STE 150A
Tampa, FL 33607 Tampa, FL 33607

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

Name: Northwest Registered Agent, LLC.
Office Address: 3030 N. Rocky Point Dr. STE 150A
Tampa , Florida 33607
(City) (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.

Tom Glover
(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 Andrew Klein
3030 N. Rocky Point Dr, Ste 150A
Tampa, FL 33607

Member Paul Pelletier, Jr.
3030 N. Rocky Point Dr, Ste 150A
Tampa, FL 33607

(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.

Morgan Noble
Signature of an authorized person

Morgan Noble
Typed or printed name of signee

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10 NOV 26 PM 1:26
SECRETARY OF STATE
HALL BUILDING
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, **Robyn A. Crittenden**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

IPARAMETRICS, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docker Number : 16292230
Date Inc/Auth/Filed: 12/18/2003
Jurisdiction : Georgia
Print Date : 11/26/2018
Form Number : 211



A handwritten signature in black ink, appearing to read "Robyn A. Crittenden".

Robyn A. Crittenden
Secretary of State