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NAME:

IMMITO, LLC

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AUTHORIZATION:

ABBIE/PAC

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: immito, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, cuter alternate name adopted for the purpose of transacting business in Florida. The alternate name must meltide "Finited Liability Company," "E. E. C." or "ELC.") DELAWARE 1/02/2018 (Jurisdiction under the law of which foreign limited liability company is organized) 1/10/2019 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability.) 1764 Gilpin Street 1764 Gilpin Street (Street Address of Principal Office) (Mailing Address) Street, Denver, CO 80218 Street, Denver, CO 80218 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) UNISEARCH, INC. Name: 155 Office Plaza Drive Office Address: Tallahassee , Florida ((113.)

egistered agent's acceptance:

aving been named as registered agent and to accept service of process for the above stated limited liability company at the place signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with d accept the obligations of my position as registered agent.

Ven Stepleton, ASST. Secretary Unisearch, Inc.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>.</u>	Name an	d Addr	ess:
□Manager	Name: Local Initiatives Support Corporation	Manager	Name:			
Member	Address: 501 Seventh Avenue	Member	Address:			
Authorized	7th Floor	Authorized				
Person	New York, NY 10018	Person				
Other	Other	Other		Other_		
☐Manager	Name:	Manager	Name:			
Member	Address:	Member	Address:			
Authorized		Authorized				
Person		Person				
Other	Other	Other		[]Other_		
Manager	Name:	☐ Manager	Name:		2814	TU IDI
Member	Address:	Member	Address:		<u> </u>	· · · · · · · · · · · · · · · · · · ·
□Authorized		Authorized			7	1,5
Person		Person			::- :4:	•
Other	Other	Other		Other_	3	•

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Signature of an authorized person

Julie T. Huston

Typed or printed name of agree



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IMMITO, 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 THIRD DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMMITO, LLC" WAS FORMED ON THE SECOND DAY OF JANUARY, A.D. 2018.

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

at som delaware sow/aut

Authentication: 202570089

Date: 04-03-19