Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383	ETARY OF
From:	Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600	M 4: 26

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

: (323)962-3889

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## Foreign Limited Liability Company **IMVEST, LLC**

Certificate of Status	U
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Page Count	04
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COVER LETTER

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for fur	ther information concerning	this matter, please call:					
	Cheyenne Moseley		800 ai (	773-98	88 exi9724 time Telephone Number		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6227 Tallahassee, Pl. 32314			Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations on Section uffding cutive Center Circle ec. FL 32301		
Enclose	ed is a check for the follow \$125,00 Filing Fee	ing amount:  If \$130,00 Fiting Fee & Certificate of Status	# \$155.00 Fille Certified Copy	ig Fec &	5 160,00 Filing Fee, of Status & Certified C	Certific	aff C

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "IMVEST, 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 FIFTEENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMVEST, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2017.

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

FILED
2019 APR 19 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6556939 8300 SR# 20192821465

Authentication: 202640609

Date: 04-15-19

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

## APPLICATION BY FOREIGN LIMITED CHABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN ELORIDA

IN COMPLIANCE WITH SECTION 603,0402, FLORIDA STATUTES, THE FOLLOWING IS SCIENTIFED TO REGISTER A POREIGN LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FUORIDA: L IMVEST, LLC (Name of Foreign Limited Liability Company; must include "Crawed Liability Company," "L.LC.," or "LLC.") (If these was allable, one; unersate come alopted for the purpose of translocing business in Florida. The alternate many main traded "Litated Ladyllay Company," "LLC," or "LLC,"; 3. 384099835 2. Delaware (Armidiction under the law of which kirrigh limited Limitay company is organized) (FF) number, il upolicable) (Dute first transacted beamers in Fire 43, if print is registration.)
(See sections 405 (90) & 405,090; F.S. to determine condity liability) 6, 1198 Venetian Way Apt 305 5. 1198 Venetian Way Apt 305 (Street Address of Principal Office) (Madus Address) Miumi Beach, FL 33139 Mlami Beach, Fl. 33139 7. Name and street address of Florida registered agent: (P.O. Box NOT ecceptable) United States Corporation Agents, Inc. Name: 13302 Winding Oak Court, Suite A Office Address: Tampa Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited flubility 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. Cheyenne Meurley, Assistint Secretary on behalf -vif United States Corporation Agents, Inc. (Registered sperme signet ar) 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: AMBR Julia Wilkinson. (198 Venetian Way Apr. 305 Miami, FL 33139 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having this office of a cords 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 noth, 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. Jiilia Wilkinson Typed or printed same of styres-