

B KINSEY  
AUG 14 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 875676 4319660

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : August 8, 2019

ORDER TIME : 10:06 AM

ORDER NO. : 875676-020

CUSTOMER NO: 4319660

FOREIGN FILINGS

NAME: I&I SALES GROUP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

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. I&I Sales Group, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. August 1, 2019  
(Date first transacted business in Florida, if prior to registration.  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1715 N. Westshore Blvd  
(Street Address of Principal Office)

6. 1715 N. Westshore Blvd  
(Mailing Address)

Suite 200

Suite 200

Tampa, FL 33607

Tampa, FL 33607

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.

By: Corporation Service Company

(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

FILED  
2019 AUG 13 AM 10:54  
TALLAHASSEE, FL

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:**  
☒ Manager Name: Benjamin Moe  
☐ Member Address: 1715 N. Westshore Blvd  
☐ Authorized Suite 200  
Person Tampa, FL 33607  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**  
☒ Manager Name: Thomas O'Toole  
☐ Member Address: 1715 N. Westshore Blvd  
☐ Authorized Suite 200  
Person Tampa, FL 33607  
☐ Other ☐ Other

☒ Manager Name: Patrick Watkins  
☐ Member Address: 1715 N. Westshore Blvd  
☐ Authorized Suite 200  
Person Tampa, FL 33607  
☐ Other ☐ Other

☒ Manager Name: Chris Wishart  
☐ Member Address: 1715 N. Westshore Blvd  
☐ Authorized Suite 200  
Person Tampa, FL 33607  
☐ Other ☐ Other

☒ Manager Name: Peter Henson  
☐ Member Address: 1715 N. Westshore Blvd  
☐ Authorized Suite 200  
Person Tampa, FL 33607  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

**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

Todd Zimmerman, Authorized Person

\_\_\_\_\_  
Typed or printed name of signer

2019 AUG 13 AM 10:55  
FILED  
CLERK OF THE  
DEPARTMENT OF  
STATE  
TAMPA, FL

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "I&I SALES GROUP, 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 THIRTY-FIRST DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "I&I SALES GROUP, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE, A.D. 2017.

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



6444648 8300

SR# 20196257838

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203323369

Date: 07-31-19