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Y SCOTT SEP 1 7 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 97-8464 AUTHORIZATION COST LIMIT : \$ 125.00 ORDER DATE: September 16, 2019 ORDER TIME : 3:06 PM ORDER NO. : 918464-005 CUSTOMER NO: 8102797 FOREIGN FILINGS NAME: IMEX GLOBAL SOLUTIONS, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO: Registration Section Division of Corporations	
IMEX Global Solutions, LLC SUBJECT:	
	nited Liability Company
	by for Authorization to Transact Business in Florida," Certificate of ced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the fo	Howing:
Corporate Paralegal	e of Person
Nair	e of Person
IMEX Global Solutions c/o Radial, Inc.	F2
Firm	/Company
935 First Avenue	/Company
	Address
King of Prussia, PA 19406	
City/Stat	e and Zip Code
LegalNotice@radial.com	
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please call:	
Corporate Paralegal - Ann Douglas	610 491-3024 at ()
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM	ENT OF STATE
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

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:

(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L L C.," or "LLC")	-	
				7.	20	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The a	Remate name must include "Limited Lie	bility Company.""		"L.LC.")
Delaware 2.		3.	90-0901437	17 26 1	SEP	:
(Jurisdiction under the law of which foreign limited liability company is organ			(FEI num	ber, if applicable)	9	<u> </u>
				[1].		÷г
4.				Ξ,	<u> </u>	·
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ine penalty	i) Inability)		4:40	٠ ١
IMEX Global Solutions, LLC			IMEX Global Solutions c/o Radial, Inc.			
S. (Street Address of Principal Office)		6.	(Mailing Address)			
1501 Morse Avenue			935 First Avenue			
Elk Grove Village, IL 60007			King of Prussia, PA 194	06		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)			
Name:	Corporation Service Company					
Office Address:	1201 Hays Street					
	Tallahassee		32301 , Florida			
	(City)		(Zip cod	le)		

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.

ROXANDE TURNET

Corporation Service Company

By: Asst. Vice President

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: Name and Address: Pierre Winand Name: Name: Manager Manager 935 First Avenue Member Address: Member | Address: King of Prussia, PA 19406 Authorized Authorized Person Person Other____ Other_ Other Name: Gary Crowe Manager Manager Manager Address: 935 First Avenue Member Address: Member King of Prussia, PA 19406 Authorized ☐ Authorized Person Person Other____ Other____ Other___ Other Name: ______ Name: Manager Manager Member Address: Member Address: Authorized Authorized Person Person Other____ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Ross Hurwitz, Secretary

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IMEX GLOBAL SOLUTIONS, 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 SIXTEENTH DAY OF SEPTEMBER, A.T. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMEX GLOBAL".

SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D.

2012.

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

Authentication: 203602559

Date: 09-16-19

5231338 8300 SR# 20197052922