

5/22/2020

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H20000153174

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

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

Email Address: _____

**Foreign Limited Liability Company
IMO US West, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$125.00 |

2020 MAY 22 PM 5:36

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Corporate Filing Menu

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MAY 26 2020

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. IMO US West, 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. Delaware

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

3. 81-1019877

(EIN number, if applicable)

4. Upon Qualification

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

5. 6300 S. Syracuse Way, Suite 205

(Street Address of Principal Office)

6. Same

(Mailing Address)

Centennial, CO 80111

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

C T Corporation System

James M. Halpin

By: 

Assistant Secretary

(Registered agent's signature)

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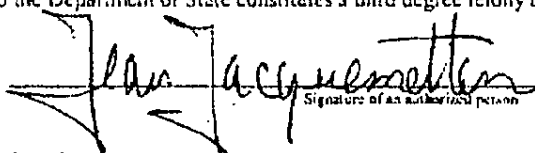
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total): *SEE ATTACHMENT*

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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
 Jean Jacquemetton
 Typed or printed name of signer

**Attachment to North Carolina
Officers & Directors**

- 1 Full Name: Markus Hockenson
Officer/Director: Officer, Director
Officer's Title: Chief Executive Officer
Business Address: 6300 S. Syracuse Way, Suite 205
City: Centennial
State: CO
ZIP Code: 80111
- 2 Full Name: Jean Jacquemetton
Officer/Director: Officer, Director
Officer's Title: Vice President
Business Address: 6300 S. Syracuse Way, Suite 205
City: Centennial
State: CO
ZIP Code: 80111
- 3 Full Name: Jean Jacquemetton
Officer/Director: Officer, Director
Officer's Title: Secretary
Business Address: 6300 S. Syracuse Way, Suite 205
City: Centennial
State: CO
ZIP Code: 80111
- 4 Full Name: Avi Levine
Officer/Director: Officer
Officer's Title: CFO
Business Address: 6300 S. Syracuse Way, Suite 205
City: Centennial
State: CO
ZIP Code: 80111
- 5 Full Name: Anne Webster
Officer/Director: Officer
Officer's Title: Vice President
Business Address: 6300 S. Syracuse Way, Suite 205
City: Centennial
State: CO
ZIP Code: 80111
- 6 Full Name: Jeff Maize
Officer/Director: Officer
Officer's Title: Sr. Vice President
Business Address: 6300 S. Syracuse Way, Suite 205
City: Centennial
State: CO
ZIP Code: 80111

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7 Full Name: Kerry Sewell
Officer/Director: Officer
Officer's Title: Vice President
Business Address: 6300 S. Syracuse Way, Suite 205
City: Centennial
State: CO
ZIP Code: 80111

8 Full Name: Ross Adkison
Officer/Director: Officer
Officer's Title: Vice President
Business Address: 6300 S. Syracuse Way, Suite 205
City: Centennial
State: CO
ZIP Code: 80111

9 Full Name: Fernando Miranda
Officer/Director: Officer
Officer's Title: Vice President
Business Address: 6300 S. Syracuse Way, Suite 205
City: Centennial
State: CO
ZIP Code: 80111

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMO US WEST, 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 TWENTY-FIRST DAY OF MAY, A.D. 2020.

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

2020 MAY 22 PM 8:37




Jeffrey W. Bullock, Secretary of State

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SR# 20204308181

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

Authentication: 202968909

Date: 05-21-20