

8/27/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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)208-0845

****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
IQMS, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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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. IQMS, 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. California

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

3. 33-0363242

(FEL number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. 2231 Wisteria Lane

(Street Address of Principal Office)

Paso Robles, CA 93446

6. 2231 Wisteria Lane

(Mailing Address)

Paso Robles, CA 93446

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

(City)

, Florida

33324

(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: _____

C T Corporation System
Sherry McGinnes

(Registered agent's signature)

Sherry McGinnes, Assistant Secretary

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2020 AUG 27 PM 3:03
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Philippe Charlès</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Cheri Williams</u>
<input type="checkbox"/> Member	Address: <u>10 rue Marcel Dassault, 40501</u>	<input type="checkbox"/> Member	Address: <u>2231 Wisteria Lane</u>
<input type="checkbox"/> Authorized	<u>78946 Vélizy-Villacoublay, France</u>	<input type="checkbox"/> Authorized	<u>Paso Robles, CA 93446</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Ludovic Monchal</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Gian Paolo Bassi</u>
<input type="checkbox"/> Member	Address: <u>175 Wyman Street</u>	<input type="checkbox"/> Member	Address: <u>175 Wyman Street</u>
<input type="checkbox"/> Authorized	<u>Waltham, MA 02451</u>	<input type="checkbox"/> Authorized	<u>Waltham, MA 02451</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Alex Quiroz</u>	<input type="checkbox"/> Manager	Name: <u>Mark Neil</u>
<input type="checkbox"/> Member	Address: <u>2231 Wisteria Lane</u>	<input type="checkbox"/> Member	Address: <u>175 Wyman Street</u>
<input type="checkbox"/> Authorized	<u>Paso Robles, CA 93446</u>	<input type="checkbox"/> Authorized	<u>Waltham, MA 02451</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>CFO & Treasurer</u>	<u></u>	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<u></u>

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.

Cheri Williams

Signature of an authorized person

Cheri Williams

Typed or printed name of signer



Secretary of State Certificate of Status

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: IQMS, LLC
File Number: 202000210158
Registration Date: 01/02/2020
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of June 22, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California
this day of June 23, 2020.

A handwritten signature in cursive script, reading "Alex Padilla".

ALEX PADILLA
Secretary of State

Certificate Verification Number: NRG559R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.