

10/5/2020

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.

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Foreign Limited Liability Company
Imajn Services, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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. Imajn Services, 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. 82-1051997

(FEI number, if applicable)

4. Upon Filing.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0502 and 605.0905, F.S., to determine penalty liability.)

5. 6263 North Scottsdale Road

(Street Address of Principal Office)

Suite 386

Scottsdale, AZ 85250

6. 6263 North Scottsdale Road

(Mailing Address)

Suite 386

Scottsdale, AZ 85250

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

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.

Delanie Case

(Registered agent's signature)

Delanie Case, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

FILED
OCT 6 PM 5:00
2020
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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 type="checkbox"/> Manager	Name: <u>Imajn Homes Holdings, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jami Schulman</u>
<input checked="" type="checkbox"/> Member	Address: <u>6263 North Scottsdale Road</u>	<input type="checkbox"/> Member	Address: <u>6263 North Scottsdale Road</u>
<input type="checkbox"/> Authorized	<u>Suite 386</u>	<input type="checkbox"/> Authorized	<u>Suite 386</u>
Person	<u>Scottsdale, AZ 85250</u>	Person	<u>Scottsdale, AZ 85250</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Patrick Whelan</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Leslie Hickman</u>
<input type="checkbox"/> Member	Address: <u>6263 North Scottsdale Road</u>	<input type="checkbox"/> Member	Address: <u>6263 North Scottsdale Road</u>
<input type="checkbox"/> Authorized	<u>Suite 386</u>	<input type="checkbox"/> Authorized	<u>Suite 386</u>
Person	<u>Scottsdale, AZ 85250</u>	Person	<u>Scottsdale, AZ 85250</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Maximillian A. Boehmer</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Christopher S. Marr</u>
<input type="checkbox"/> Member	Address: <u>6263 North Scottsdale Road</u>	<input type="checkbox"/> Member	Address: <u>6263 North Scottsdale Road</u>
<input type="checkbox"/> Authorized	<u>Suite 386</u>	<input type="checkbox"/> Authorized	<u>Suite 386</u>
Person	<u>Scottsdale, AZ 85250</u>	Person	<u>Scottsdale, AZ 85250</u>
<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.

Jami Schulman
Signature of an authorized person

Jami Schulman

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMAJN SERVICES, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2020.

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



3644132 8300

SR# 20207233317

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

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

Authentication: 203641331

Date: 09-11-20