

ma100000809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

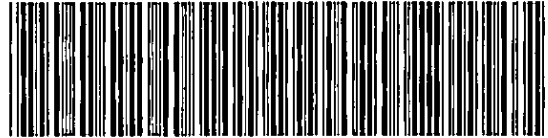
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6/14/14

DENISE H. YAMAGIWA
PARALEGAL
dyamagiwa@masudafunai.com
tel 847.734.8857
fax 847.734.1089

June 4, 2021

Florida Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: In.Motion Technology Distribution LLC

Dear Sir or Madam:

In connection with the qualification of In.Motion Technology Distribution LLC in the State of Florida, please find enclosed the following documents:

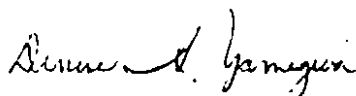
1. Cover Letter, in duplicate;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, in duplicate;
3. Certificate of Good Standing issued by the Delaware Secretary of State on May 27, 2021; and
4. Check made payable to the Florida Secretary of State in the amount of \$155 for the filing fee and certified copy fee.

Please forward to our office a certified copy of filed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. We have enclosed a stamped self-addressed envelope is enclosed for your convenience.

If there are any problems regarding this request, please contact the undersigned collect at (847) 734-8857. Thank you for your attention to this matter.

Sincerely,

MASUDA, FUNAI, EIFERT & MITCHELL, LTD.



Denise H. Yamagiwa
Paralegal

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IN.MOTION TECHNOLOGY DISTRIBUTION LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Denise Yamagiwa

Name of Person

Masuda, Funai, Eifert & Mitchell, Ltd.

Firm/Company

200 North Martingale Road, Suite 800

Address

Schaumburg, Illinois 60173

City/State and Zip Code

E-mail address: dyamagiwa@masudafunai.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Yamagiwa 847 734-8857

Name of Contact Person at () Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. IN.MOTION TECHNOLOGY DISTRIBUTION 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 7, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 711 Beach Boulevard 6. 711 Beach Boulevard
(Street Address of Principal Office) (Mailing Address)
Apt. 1306 Apt. 1306
Jacksonville Beach, Florida 32250 Jacksonville Beach, Florida 32250

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.

By: Madonna Cuddihy C T Corporation System
(Registered agent's signature)

Madonna Cuddihy, Assistant Secretary

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TALLAHASSEE, 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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Gerald Obritzberger

☐ Member Address: 711 Beach Boulevard, Apt 1306

☐ Authorized Jacksonville, Florida 32250

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Robert Lang

☐ Member Address: Zappestrasse 20 4040

☐ Authorized Linz, Austria

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

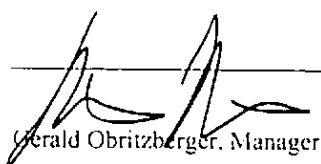
Person _____

☐ 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.


Gerald Obritzberger, Manager

Signature of an authorized person

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "IN.MOTION TECHNOLOGY DISTRIBUTION 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-SEVENTH DAY OF MAY, A.D. 2021.



5694237 8300

SR# 20212171811

You may verify this certificate online at 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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203315161

Date: 05-27-21