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Account Number : 120010000202

Phone

: (941)954-4691

Fax Number

: (941)954-2128

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Foreign Limited Liability Company LOGIC LURES, LLC

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COVER LETTER

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John M. Compton Name of Person Norton, Hammersley, Lopez & Skokos, P.A. Firm/Company 1819 Main Street, Suite 610 Address Sarasota, FL 34236 City/State and Zip Code jcompton@nhlslaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John M. Compton Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS:	John M. Compton Name of Person Norton, Hammersley, Lopez & Skokos, P.A. Firm/Company 1819 Main Street, Suite 610 Address Sarasota, FL 34236 City/State and Zip Code jcompton@nhlslaw.com	John M. Compton Name of Person Norton, Hammersley, Lopez & Skokos, P.A. Firm/Company
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P.O. Box 6327 Clifton Building		sion of Corporations Division of Corporations istration Section Box 6327 Division of Corporations Registration Section Clifton Building

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. Name of oreign 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. Tetas (Jurisdiction under the law of which foreign limited liability) 3. 27-5104535 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 4-3-2014
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S to determine penalty liability)
5. 5900 Tropical Drive
7. 2
South Padre Island TX 785979
6. 373 S. Washington Drive
Savasotu, FL 34234 (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage.is/are:
Richard Duperey, Manager
<u> </u>
8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator
must be submitted)
Signature of an authorized person
(In accordance with section 605,0203, F.S., the execution of this document constitutes an affiguration under the penalties of perjury that the facts stated herein are true, am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in a 817, 155, F.S.)
(In accordance with section 605,0203, F.S., the execution of this document constitutes an affiguration under the penaltics of perjury that the facts stated herein are true, am aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for in a 817.155, F.S.) Pich and Dupleyed Typed or printed name of signed

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: LOGIC LUYES, LL		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	22	
Norton, Hammersley, hopez & S	KOKOS.	P.A
1819 Main Street Ste (010) Florida Street Address (P.O. BOX NOT ACCEPTABLE)	-2 M 9 ARY OF S D SSEE, FEO	grante of
5arasote, FL 34236	ATE ORIDA	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(81gnature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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APR-02-2014 10:23 P.O.Box 13697 Austin, Texas 78711-3697

NORTON HAMMERSLEY

P.05 Secretary of State

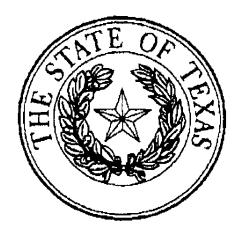
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LOGIC LURES, LLC (file number 801387040), a Domestic Limited Liability Company (LLC), was filed in this office on February 22, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 01, 2014.



Phone: (512) 463-5555

Prepared by: SOS-WEB

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NANDITA BERRY

Nandita Berry Secretary of State

TID: 10264