# F0800001704

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
(0.	cy, ototora, p. r riono	· ",
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nam	ne)
·	•	,
· (Dc	ocument Number)	
(50	ocament Namber)	
•		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
^		
		Ì





300123492283

04/16/08--01037--010 \*\*87.50

SECHETALL CHISTATE ALLAHASSEE, FLORIDA 08 APR 15 PH 3:

m 4/16/02

#### **COVER LETTER**

TO:	New Filing Section Division of Corporations		
SUBJ	ECT: PROLOGIC, INC.		
5050		oration - must include suffix	κ)
Dear Si	ir or Madam:		
"Certifi	closed "Application by Foreign Corporation icate of Existence," and check are submitte t business in Florida.		
Please	return all correspondence concerning this n	natter to the following:	
Sara	ah Gibson		
	(Nai	me of Person)	
Inco	orp Services, Inc.		
	(Fin	m/Company)	
315	5 E. Patrick Lane, Ste. 1		
		(Address)	
Las	Vegas, NV 89120		
	(City/S	State and Zip code)	•
For fur	ther information concerning this matter, ple	ease call:	
Sara	h Gibson at (7	02 , 866-2500	
		Area Code & Daytime Telep	phone Number)
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	New Filing	Corporations 27
Enclose	ed is a check for the following amount:		
\$70.6	00 Filing Fee \$\bigcup \\$78.75 Filing Fee &\bigcup Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	GIC, INC. propriation; must include "INCORPORATED,"	"COMPANY" "COPPOPATION"		
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	COMPANT, CORPORATION,		
220104	NO OF W// INO			
	SIC OF WV, INC.		. 51 .1.	
	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ess in Florida)	
<u> West Vir</u>				
(State or country	inder the law of which it is incorporated)	(FEI number, if applicable)		
11-14-19	95	perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist o	r "perpetual")	
upon filir	g			
		PM 11 10 1		
	(Date first transacted business in			
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liability)		
		02, F.S., to determine penalty liability)	WV 2655	54
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liability) ITE 3140, FAIRMONT,	WV 2655	54
	(SEE SECTIONS 607.1501 & 607.15 CHNOLOGY DRIVE, SU	02, F.S., to determine penalty liability) ITE 3140, FAIRMONT,	WV 2655	54
1000 TE	(SEE SECTIONS 607.1501 & 607.15 CHNOLOGY DRIVE, SU	02, F.S., to determine penalty liability) ITE 3140, FAIRMONT, ess)	WV 2655	54
1000 TE	(SEE SECTIONS 607.1501 & 607.15 CHNOLOGY DRIVE, SU (Principal office addr (Current mailing addr	02, F.S., to determine penalty liability) ITE 3140, FAIRMONT, ess)	N. O.	54
SAME	(SEE SECTIONS 607.1501 & 607.15 CHNOLOGY DRIVE, SU  (Principal office addr  (Current mailing addr  on technology services	02, F.S., to determine penalty liability) ITE 3140, FAIRMONT, ess)	N. O.	54
SAME  Informati (Purpose(s	(SEE SECTIONS 607.1501 & 607.15 CHNOLOGY DRIVE, SU  (Principal office addr  (Current mailing addr  on technology services ) of corporation authorized in home state or co	02, F.S., to determine penalty liability) ITE 3140, FAIRMONT, ess)  ess)  untry to be carried out in state of Florida)	OB APR	·••••
SAME  Informati (Purpose(s	(SEE SECTIONS 607.1501 & 607.15 CHNOLOGY DRIVE, SU  (Principal office addr  (Current mailing addr  on technology services ) of corporation authorized in home state or co t address of Florida registered agent: (P.O.	02, F.S., to determine penalty liability) ITE 3140, FAIRMONT, ess)  ess)  untry to be carried out in state of Florida)	08 APR 16	54
SAME  Informati (Purpose(s	(SEE SECTIONS 607.1501 & 607.15 CHNOLOGY DRIVE, SU  (Principal office addr  (Current mailing addr  on technology services ) of corporation authorized in home state or co	02, F.S., to determine penalty liability) ITE 3140, FAIRMONT, ess)  ess)  untry to be carried out in state of Florida)	18 JPR 16 PM	54 E
SAME  Informati (Purpose(s) Name and street	(SEE SECTIONS 607.1501 & 607.15 CHNOLOGY DRIVE, SU  (Principal office addr  (Current mailing addr  on technology services ) of corporation authorized in home state or co t address of Florida registered agent: (P.O.	02, F.S., to determine penalty liability) ITE 3140, FAIRMONT,  ess)  ess)  untry to be carried out in state of Florida)  Box NOT acceptable)	08 APR 16	5 <b>4</b> ∏⊕
SAME  Informati (Purpose(s)) Name and street Name:	(SEE SECTIONS 607.1501 & 607.15 CHNOLOGY DRIVE, SU  (Principal office addr  (Current mailing addr  on technology services ) of corporation authorized in home state or co t address of Florida registered agent: (P.O. Incorp Services, Inc.  17888 67th Court North	02, F.S., to determine penalty liability) ITE 3140, FAIRMONT,  ess)  ess)  untry to be carried out in state of Florida)  Box NOT acceptable)	18 JPR 16 PM	54 E::
SAME  Informat (Purpose(s)) Name and street	(SEE SECTIONS 607.1501 & 607.15 CHNOLOGY DRIVE, SU  (Principal office addr  (Current mailing addr  on technology services ) of corporation authorized in home state or co t address of Florida registered agent: (P.O.) Incorp Services, Inc.	02, F.S., to determine penalty liability) ITE 3140, FAIRMONT,  ess)  ess)  untry to be carried out in state of Florida)  Box NOT acceptable)	18 JPR 16 PM	54

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Library on behalf of Incomplexite, Inc (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Jay Reddy Address: 1140 Steeplechase Dr., Morgantown, WV 26508 Vice Chairman: Director: Dan Gordon Address: 12734 Knightsbridge Dr., Woodbridge, VA 22192 · B. OFFICERS President: Dan Gordon Address: 12734 Knightsbridge Dr. Woodbridge, VA 22192 Vice President: Address: Secretary: Suneetha Reddy Address: 1140 Steeplechase Dr., Morgantown, WV 26508 Treasurer: Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Director or Officer listed in number 12 of the application) DANJER K. GORDON PRESIDENT/COO (Typed or printed name and capacity of person signing application)



### I, Betty Ireland, Secretary of State of the State of West Virginia, hereby certify that

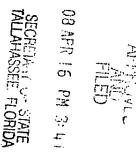
#### PROLOGIC, INC.

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on November 14, 1995.

I further certify that the corporation has not been revoked by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this

## **CERTIFICATE OF EXISTENCE**





Given under my hand and the Great Seal of the State of West Virginia on this day of April 8, 2008

Setty Treland

Secretary of State