## F14000001133

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



800257679408

03/11/14--01020--013 \*\*87.50

ALLANASSEE FLORINA
ALLANASSEE FLORINA
ALLANASSEE FLORINA

03/13/14

## **COVER LETTER**

TO: New Filing Sect Division of Corp			
SUBJECT: 1010LO	GIC INC.		
		ion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence		for Authorization to Transac Standing" and check are sub- siness in Florida.	
Please return all corresp	ondence concerning this ma	atter to the following:	
RACHNA BIRLA			
	Name	of Person	
1010LOGIC INC.			
	Firm/C	Company	
802 SW EDINBURG	H AVE		
	Ac	ddress	
BENTONVILLE/ AR	72712		
	City/Stat	te and Zip code	
rachna@1010logic.c		-1 Con Catana amount manager	atification)
	E-mail address: (to be us	ed for future annual report n	ottrication)
For further information	concerning this matter, plea	se call:	
RACHNA BIRLA	at (404	، 428-4674	
Name of Person		ea Code & Daytime Telepho	one Number
New Filing Sect Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle 32301	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Fl	ction rporations
Enclosed is a check for	the following amount:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & 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.

1.	1010LOGIC INC.						
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
	(If name unavaila	ble in Florida, enter alternate corporate nai	ne	adopted for the purpose of transaction	ng business	in Flo	orida)
2.	ILLINOIS		3.	26-4343263			
	(State or country t	under the law of which it is incorporated)		(FEI number, if app	licable)		
4.	02-26-2009		5.				_
	(Date	of incorporation)		(Duration: Year corp. will cease t	exist or "	perpet	ual")
6.	02-01-2013						
				n Florida, if prior to registration) 502, F.S., to determine penalty liabil	ity)		
7.	445 E OHIO S	ST., SUITE 350, CHICAGO, IL 60	)6	11			
		(Principal office a	ıdd	ress)			
	802 SW EDIN	IBURGH AVE, BENTONVILLE, A	٩R	72712			
	-	(Current mailing a	add	ress)			
8.	To Do Busine	<del> </del>					
	(Purpose(s)	) of corporation authorized in home state or	r cc	ountry to be carried out in state of FI	orida)	_ •	
9.	Name and stree	t address of Florida registered agent: (	P.6	O. Box NOT acceptable)	SECK	14 +	
	Name:	InCorp Services, Inc.			SH	MAR	<u> </u>
o	ffice Address:	17888 67th Court North			왕(일) 왕(일)		LED
		Loxahatchee		, Florida <u>33470</u>	28 71 71 71 71	M 12	Ú
		(City)		(Zip code)	S E	MI 12: 16	
16	0. Registered ag	gent'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.

(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: RACHNA BIRLA	
Address: 802 SW EDINBURGH AVE, BENTONVILLE, AR	72712
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	LC.
Address.	
D. OFFICEDS	m <sub>S</sub> m
B. OFFICERS	PS AM D
President: RACHNA BIRLA	
Address: 802 SW EDINBURGH AVE, BENTONVILLE, AR	72712
Vice President:	
Address:	
	· · · · · · · · · · · · · · · · · · ·
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application	on listing additional officers and/or directors.
13 Rachna Berl	/ a
Signature of Director or	Officer
The officer or director signing this document (and who is listed in n are true and that he or she is aware that false information submitted a third degree felony as provided for in s.817.155, F.S.	
14. RACHNA BIRLA	
(Typed or printed name and capacity of per	son signing application)

File Number

6689-112-7



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

1010LOGIC INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 26, 2009, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1405901990

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH

day of

**FEBRUARY** 

A.D.

2014

Desse White

SECRETARY OF STATE