

File 000 002559

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000134889 3)))



H160001348893ABC7

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

\*DE SIGNATURE\*

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Alogent Corporation**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 056     |
| Estimated Charge      | \$87.50 |

2016 JUN -6 PM 12:54

FILED IN FLORIDA

FILED IN FLORIDA

16 JUN -6 AM 8:52

6/6/2016 12:14:20 PM From: To: 8506176383( 2/6 )  
850-617-8381 6/6/2016 11:58:35 AM PAGE 1/001 Fax Server



June 6, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: ALOAGENT CORPORATION  
REF: W16000040398

We have received your document for ALOAGENT CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

DOCUMENT IN WRONG FORMAT WE CAN'T ACCEPT LANDSCAPE,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

FAX Aud. #: H16000134889  
Letter Number: 316A00011643

2016 JUN -6 PM 12:54

TALLAHASSEE FL 32314

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 06/06/2016 BY 60322  
OFFICE OF SUBMISSION 4/2

P.O BOX 6327 - Tallahassee, Florida 32314

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alogent Corporation

*Name of corporation - must include suffix*

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dede Wakefield

*Name of Person*

Alogent Corporation

*Firm/Company*

350 Technology Parkway, Suite 200

*Address*

Norcross, GA 30092

*City/State and Zip code*

dede.wakefield@usa.net

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

Chelsea Smith

at ( 617 ) 937-2453

*Name of Person*

*Area Code*

*Daytime Telephone Number*

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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. Alogent Corporation  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 58-2154159  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 1, 2016 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 350 Technology Parkway, Suite 200, Norcross GA 30092  
(Principal office address)  
Same  
(Current mailing address, if different)
8. 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, FL 33324, Florida 33324  
(City) (Zip code)

**9. 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.*

C T Corporation System

By: Connie Bays  
(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Dede Wakefield

Address: 350 Technology Parkway, Suite 200

Norcross, GA 30092

Vice Chairman: Russell Fleischer

Address: 1 Marina Park Drive, Suite 1100

Boston, MA 02210

Director: Jordan Welu

Address: 1 Marina Park Drive, Suite 1100

Boston, MA 02210

Director:

Address:

**B. OFFICERS**

President: Dede Wakefield

Address: 350 Technology Parkway, Suite 200

Norcross, GA 30092

Vice President:

Address:

Secretary: Jordan Welu

Address: 1 Marina Park Drive, Suite 1100, Boston, MA 02210

Treasurer: Jordan Welu

Address: 1 Marina Park Drive, Suite 1100, Boston, MA 02210

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Dede Wakefield, President

(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALOGENT CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



6057118 8300

SR# 20164211917

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, 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: 202414220

Date: 06-01-16