

File 000 002559

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 SUBMIT

Handwritten notes and stamps

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

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16 JUN -6 AM 8:52

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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 FLORIDA

ALREADY FILED
RECEIVED
DATE OF SUBMISSION 6/2

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)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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 Bryan
(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)

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ALLIANCE OF CHIEFS
16 JUN - 2 AM 8:52
STATE OF FLORIDA

Delaware

The First State

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202414220

Date: 06-01-16