

F16000003737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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08  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOGICSTREAM HEALTH, INC.  
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:

JACK HAUSER  
Name of Person  
LOGICSTREAM HEALTH, INC.  
Firm/Company  
708 N 1<sup>ST</sup> STREET, SUITE 233  
Address  
MINNEAPOLIS, MN 55401  
City/State and Zip code  
jack@logic-stream.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACK HAUSER at (612) 310-8086  
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.

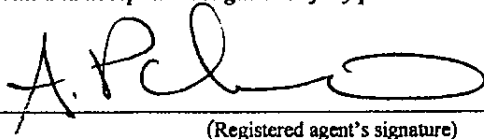
1. LOGICSTREAM HEALTH Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 46-1992347  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/30/2013 5. PERPETUAL  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 708 N 1<sup>ST</sup> ST, STE 233, MINNEAPOLIS MN 55401  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: VCORP SERVICES, LLC  
Office Address: 5011 SOUTH STATE ROAD 7, SUITE 106  
DAVIE, Florida 33314  
(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.



(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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: PATRICK YODER

Address: 708 N 1<sup>ST</sup> STREET, SUITE 233  
MINNEAPOLIS, MN 55401

Vice Chairman: \_\_\_\_\_

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

Director: DAN RUBIN

Address: 708 N 1<sup>ST</sup> STREET, SUITE 233  
MINNEAPOLIS, MN 55401

Director: JAY WIGDALE

Address: 1524 EAST DEAN ROAD  
MILWAUKEE, WI 53217

**B. OFFICERS**

President: PATRICK YODER

Address: 708 N 1<sup>ST</sup> STREET, SUITE 233  
MINNEAPOLIS, MN 55401

Vice President: \_\_\_\_\_

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

Secretary: DAN RUBIN

Address: 708 N 1<sup>ST</sup> ST, STE 233, MINNEAPOLIS, MN 55401

Treasurer: JACK HAUSER

Address: 708 N 1<sup>ST</sup> ST, STE 233, MINNEAPOLIS, MN 55401

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

12. *Jack Hauser*

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. JACK HAUSER, CEO

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

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "LOGICSTREAM HEALTH, INC." 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 FIFTH DAY OF AUGUST, A.D. 2016.



5281599 8300

SR# 20165221964

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: 202783971

Date: 08-05-16