

F18000000287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

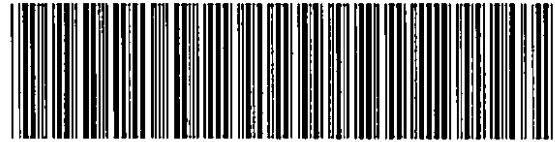
(Document Number)

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01/02/18--01033--009 **87.50

01/13/18--01036--001 **950.25

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CLERK OF STATE
TALLAHASSEE, FLORIDA

JAN 19 2018

Y SULLIVAN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2018

MARK S EDWARDS
2211 PARK BLVD
PALO ALTO, CA 94306 US

SUBJECT: LOGICMONITOR, INC.
Ref. Number: W18000000511

We have received your document for LOGICMONITOR, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$950.

There is a balance due of \$950.25.

Please return 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 218A00000168

COVER LETTER

TO: Registration Section
Division of Corporations
LOGICMONITOR, INC.
SUBJECT: _____

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:
Mark S. Edwards

_____	Name of Person
Edwards Law Group Inc.	
_____	Firm/Company
2211 Park Blvd.	
_____	Address
Palo Alto, CA 94306	
_____	City/State and Zip code
mark@edwardslawgroup.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark S. Edwards	650	330-1000
_____	at (_____)	_____
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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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.

LOGICMONITOR, INC.

1. _____
(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)

DELAWARE

45-1344638

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

03/31/2011

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

04/20/2015

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

820 State Street, 5th Floor, Santa Barbara, CA 93101

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: Joshua Adam Cohen

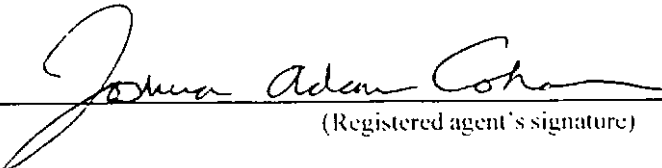
Office Address: 3290 19th Ave SW

Naples, Florida 34117
(City) (Zip code)

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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.


(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

Kevin G. McGibben

Chairman:

820 State Street, 5th Floor, Santa Barbara, CA 93101

Address:

Stephen Francis

Vice Chairman:

820 State Street, 5th Floor, Santa Barbara, CA 93101

Address:

Thomas Reardon, Jr.

Director:

820 State Street, 5th Floor, Santa Barbara, CA 93101

Address:

Andreas von Blotnitz

Director:

820 State Street, 5th Floor, Santa Barbara, CA 93101

Address:

B. OFFICERS

Kevin G. McGibben

President:

820 State Street, 5th Floor, Santa Barbara, CA 93101

Address:

Michael Tarbet

Vice President:

820 State Street, 5th Floor, Santa Barbara, CA 93101

Address:

Mark S. Edwards

Secretary:

820 State Street, 5th Floor, Santa Barbara, CA 93101

Address:

Edward Shaughnessy

Treasurer:

820 State Street, 5th Floor, Santa Barbara, CA 93101

Address:

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.

Edward Shaughnessy

13.

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

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOGICMONITOR, 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 TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOGICMONITOR, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2011.

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

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DELAWARE



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SR# 20177822202

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 in a small font.

Authentication: 203846863

Date: 12-28-17