

F18000002647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

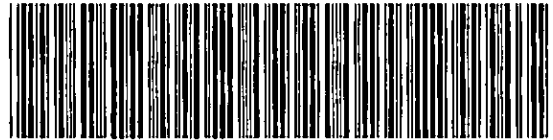
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

penalty w18-40237

Office Use Only



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04/27/18--01010--003 **70.00

06/04/18--01001--003 **850.00

FILED
18 MAY 29 PM 3:10
JUL 2 2018

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JUL 2 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2018

EDRO MUROS
2 BURLINGTON WOODS DR, STE 100
BURLINGTON, MA 01803

SUBJECT: LOGTRUST TECHNOLOGY INC.
Ref. Number: W18000040237

We have received your document for LOGTRUST TECHNOLOGY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 \$650.00.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00008842

RECEIVED
2018 MAY 29 AM 10:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Logtrust Technology 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:

Pedro Castillo Muros

Name of Person

Logtrust Technology Inc.

Firm/Company

2 Burlington Woods Drive, Suite 100

Address

Burlington, MA 01803

City/State and Zip code

castillo@logtrust.com

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

For further information concerning this matter, please call:

Pedro Castillo Muros

866

221-2254

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:

- ☒ \$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. Logtrust Technology 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. 47-4974537

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

4. 05/28/2015 5. _____

(Date of incorporation) (Date of duration, if other than perpetual)

6. 09/01/2017

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

7. 2 Burlington Woods Drive, Suite 100, Burlington, MA 01803

(Principal office address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

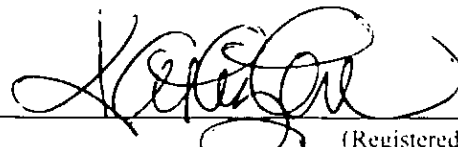
Office Address: 17888 67th Court North

Loxahatchee, Florida 33470

(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.



Kathy Shin on behalf of InCorp Services, Inc.
(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: Jeff Horing

Address: 2 Burlington Woods Drive, Suite 100, Burlington, MA 01803

Vice Chairman: Philip Vorobeychik

Address: 2 Burlington Woods Drive, Suite 100, Burlington, MA 01803

Director: Walter Scott

Address: 2 Burlington Woods Drive, Suite 100, Burlington, MA 01803

Director: Pedro Castillo Muros

Address: 2 Burlington Woods Drive, Suite 100, Burlington, MA 01803

B. OFFICERS

President: Walter Scott

Address: 2 Burlington Woods Drive, Suite 100, Burlington, MA 01803

Vice President: Pedro Castillo Muros

Address: 2 Burlington Woods Drive, Suite 100, Burlington, MA 01803

Secretary: _____

Address: _____

Treasurer: Wenceslao Sevillano Rodriguez

Address: 2 Burlington Woods Drive, Suite 100, Burlington, MA 01803

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. _____

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

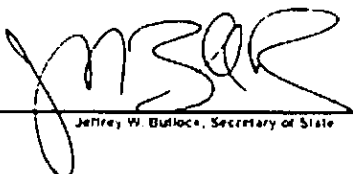
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOGTRUST TECHNOLOGY 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-NINTH DAY OF JANUARY, A.D. 2018.




Jeffrey W. Bullock, Secretary of State

5755721 8300

SR# 20177810906

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202052224

Date: 01-29-18