FZUDDUN94

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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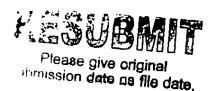
Office Use Only



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T GLASS FEB 21 2020





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2020

CSC

SUBJECT: LOGIC CONTROLS, INC.

Ref. Number: W20000014996

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

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P19000057158.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 120A00003230

154 .4 CE CE CES

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 174461 4305026

AUTHORIZATION : Spelle Rear

COST LIMIT : \$ 78.75

ORDER DATE: February 7, 2020

ORDER TIME : 9:28 AM

ORDER NO. : 174461-005

CUSTOMER NO: 4305026

FOREIGN FILINGS

NAME: LOGIC CONTROLS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

_	stration Sectionion of Corpora			
SUBJECT:	Logic Contro	ls, Inc.		
Jen Lei.	-	Name of corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate of	of Existence,"	by Foreign Corporation for or "Certificate of Good Star orporation to transact busine	nding" and check are subt	
Please return	all correspond	dence concerning this matte	r to the following:	
Diane Giacon	1022i			
		Name of	Person	
Sullivan & W	orcester LLP			
		Firm/Cor	пралу	
One Post Offi	ce Square			
		Addı	ress	
Boston, MA ()210 9			
		City/State	and Zip code	2:2
dgiacomozzi(@sullivanlaw.co	om		, T. 1 - 2 1771
		E-mail address: (to be used	for future annual report n	otification)
For further in	nformation con	ncerning this matter, please	call:	70
Diane Giacon	nozzi	at (617	338-2986	Hone Number
Nan	ne of Person	Area Co	de Daytime Telep	hone Number
Regi Divi The 241:	istration Section sion of Corpo Centre of Tall	rations lahassee treet, Suite 810	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
		: following amount: b: FLORIDA DEPARTMEN	T OF STATE	
□ \$70.00 F			\$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.

Logic Controls	, Inc.		
(Enter name of c	corporation; must include "INCORPORATED," "Corp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,	**
(If name unavail	lable in Florida, enter alternate corporate name ado	opted for the purpose of transacting	business in Florida
Delaware			
(State or count January 28, 202	90	(FEI number, if appl	
· 	of incorporation)	(Date of duration, if other th	an nemetical)
	,	(Date of desirion, it oddes the	an perpetuar)
404 Sunport Lan	(SEE SECTIONS 607.1501 & 607.1502 e, Suite 550, Orlando, FL 32809 (Principal office		
	(Current mailing a	ddress, if different)	2000 E
Name and stree	et address of Florida registered agent: (P.O. E	ox NOT acceptable)	7
Name:	Jeffrey Gugick		12
ffice Address:	404 Sunport Lane, Suite 550	_	
	Orlando	. Florida 32 809	0.1 :0i s.
	(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.

A. DIRECTORS			·
Chairman ,	Name:	□ Chairman	Name:
□Vice Chairman	Address: 404 Sunport Lane, Suite 550	□Vice Chairman	Address: 404 Sunport Lane, Suite 550
□Director	Orlando, FL 32809	Director	Orlando, FL 32809
□President		□President	
□Vice President		☐ Vice President	
☐ Secretary	■ Treasurer	Secretary	☐Treasurer
Other	Other	Other	Other
□ Chairman	Name: Fabio Roman 404 Sunport Lane, Suite 550	OChairman	Name:
□Vice Chairman	Address:Orlando, FL 32809	∐Vice Chairman	Address:
□Director	Olland, 1E 32007	Director	
President		☐ President	
☐Vice President		☐Vice President	
☐ Secretary	Treasurer	Secretary	☐Treasurer
□ Other	Other	□ Other	□Other
	Name of	□Chairman	Name:
	Name:		\sim
□Vice Chairman	Address:	∐Vice Chairman	Address:
☐ Director		Director	10
□President		President	
□Vice President		□Vice President	
☐ Secretary	Treasurer	Secretary	☐Treasurer
Other	Other	□Other	Other
12. The officer or dir	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department Signature of Director of the company of the c	ent of State Annual R or Officer or 11 above) affirms t	hat the facts stated herein are true and that he or
s.817.155, F.S.			
13	Jeffrey Gugick, Treasurer and Chairman of the (Typed or printed name and capacity of pers		n)

LOGIC CONTROLS, INC. 404 Sunport Lane. Suite 550 Orlando, FL 32809

AFFIDAVIT PERMITTING THE IMMEDIATE USE OF NAME for

LOGIC CONTROLS, INC.

Logic Controls, Inc., a Florida corporation (the "Corporation") which was dissolved on February 11, 2020 (Document #: P19000057158), hereby consents to the use of the name "Logic Controls, Inc.", to be used by a Delaware corporation, registering to do business in the State of Florida.

The Corporation further states that it does not plan on revoking the dissolution referenced above.

Dated: February 19, 2020

Logic Controls, Inc., a Florida corporation

Fabio Romano, President

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LOGIC CONTROLS, 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 SEVENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOGIC CONTROLS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2020.

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

Authentication: 202346502

Date: 02-07-20