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(Re	questor's Name)	
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PICK-UP		MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: CILOGIC 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:

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Dennis Paul Sweeney				SEC	7021 1	
·	Namo	e of Per	son	E R		11
CILOGIC INC				AHA	JUL 27	
	 Firm/	Compar	iy	<u> </u>	PH	Π
9984 Scripps Ranch Blvd., #28	⊀2				Ħ 2:	C
	Λ	ddress		TA		-
San Diego, CA 92131				, m		
	Citv/Ste	te and 2	Zip code			-
tellogic@tellogic.com	-		•			
i:	E-mail address: (to be us	sed for f	uture annual report n	otification)		-
				,		
For further information cone	cerning this matter, plea	ase call:				
Dennis Sweeney	619 at ()	206-9933			
Name of Person	Area	Code	Daytime Teleph	ione Number	-	
STREET/COURIE	R ADDRESS:		MAILING AI	DDRESS:		
Registration Section			Registration Se			
Division of Corporations			Division of Corporations			
The Centre of Tallahassee			P.O. Box 6327			
2415 N. Monroe Str	eet. Suite 810		Tallahassee, Fl			
Tallahassee, FL 32.						
Enclosed is a check for the f			- <u>4</u> 1741 a faran			
Please make check payable to:					r	
□ \$70.00 Filing Fee □	\$78.75 Filing Fee &	e e			-	0
	Certificate of Status	C	ertified Copy	Certificate of Certified Co		æ

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.

CILOGIC INC

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.")

2 CALIFORNIA		3.	46-2527840			
10/23/2012	ry under the law of which it is incorporated)	d) (FEI number. if applicable)				
(Date	of incorporation)	2.	(Date of duration, if other that	n perpeti	ual)	
6						
	(SEE SECTIONS 607.1501 & 607		1 Florida, if prior to registration) 502, F.S., to determine penalty liability)	ې سړ	2021 .	
7 Winding #	Ridge Drive, San Diego, CA 92131			No.	<u>_</u>	
	(Principal o	offi	ce <u>street</u> address)	A	1	مينين موجدين
9984 Scripps Ra	nch Blvd., #282, San Diego, CA 92131			E.	27	1
	(Current ma	ilin	g address, if different)	OF S	PM 2:	C
8. Name and stree	et address of Florida registered agent: (I	P.C). Box <u>NOT</u> acceptable)		2: 07	
Name:	Bradley J Sweeney					
Office Address:	9748 Treasure Cay Ln					
	Bonita Springs		, Florida			
	(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.

Benly Jamy (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	Dennis Paul Sweeney Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	San Diego, CA 92131	Director	San Diego, CA 92131
President		□President	
□Vice President		□Vice President	
	Treasurer	Secretary	□'l'reasurer
Other	Other	Other	Other
□Chairman	Name:		Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
□President		□President	
□Vice President		□Vice President	PH 2
	□Treasurer	Secretary	
Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
⊡Vice Chairman	Address:	🗇 Vice Chairman	Address:
Director		Director	
□President		President	
□Vice President		□Vice President	
	Treasurer		Treasurer
□Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

Signature of Director or Officer G 12.

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. Dennis Paul Sweeney, President

·_____

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CILOGIC INC

FILE NUMBER: FORMATION DATE: TYPE: JURISDICTION: STATUS:

C3515829 10/23/2012 DOMESTIC CORPORATION CALIFORNIA ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D. Secretary of State of the State of California

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 14, 2021.

Shirley N. Weber, Ph.D. Secretary of State