

L21000357586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Office Use Only

W2100035758640

AUG 10 2021

T. SCOTT



300367424573

06/08/21--01028--032 \*\*275.00

FILED  
AUG 10 2021  
FBI - MEMPHIS

2021 AUG -6 AM 9:21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2021

JONATHAN KOVES  
1934 OLD GALLOWS ROAD ST 350  
VIENNA, VA 22182

SUBJECT: ANALYTICS LOGIC LLC  
Ref. Number: W21000088640

We have received your document for ANALYTICS LOGIC LLC and your check(s) totaling \$275.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

LLC can only convert to Florida.,

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 021A00013616

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Analytics Logic LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication of a Non-U.S. Entity and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Koves

\_\_\_\_\_  
Name of Person

Analytics Logic LLC

\_\_\_\_\_  
Firm/Company

1934 Old Gallows Road St 350

\_\_\_\_\_  
Address

Vienna VA 22182

\_\_\_\_\_  
City/State and Zip Code

jonathan.koves@analyticslogic.com

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

For further information concerning this matter, please call:

Jonathan Koves

at ( 804 )

986-3053

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Domestication: \$25  
Articles of Organization: \$125  
Total to Domesticate and file: \$150

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Analytics Logic, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

12001 Research Parkway  
Suite 236  
Orlando, FL 32826

### Mailing Address:

12001 Research Parkway  
Suite 236  
Orlando, FL 32826

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jonathan Koves  
Name

12001 Research Parkway, Suite 236  
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32826  
City Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2021 AUG -6 AM 9:21  
CLERK OF CIRCUIT COURT  
JULIA A. BROWN  
CLERK

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Jonathan Koves

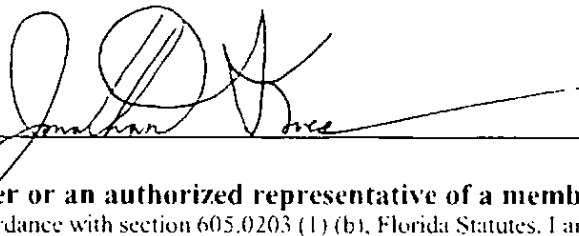
12001 Research Parkway, Suite 236

Orlando, FL 32826

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Jonathan Koves

Typed or printed name of signee

**Filing Fees**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**



Analytics Logic, LLC

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1934 Old Gallows Rd  
STE 350  
Tysons Corner, VA 222182

7/9/2021

Dear Sir or Madam,

In connection with the conversion of Analytics Logic, LLC of Virginia to Analytics Logic, LLC of Florida, I nor any officers or affiliates of these entities will revoke the dissolution of Analytics Logic, LLC of Florida / Document Number L21000229874.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jonathan Koves', with a long horizontal flourish extending to the right.

Jonathan Koves  
Owner of Analytics Logic, LLC  
Office: (571) 699-0995 x626  
Mobile: (804) 986-3053