111000004622

(Re	questor's Name)		•
(Ad	dress)		-
— (Ád	dress)		-
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



000210663030

08/05/11--01013--013 **!25.00 - -4

IN SEP 14 PM 12: 58
SECRETARY OF STATE

WII-41335

J. BRYAN

SEP 15 2011

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: PERA LOGIC LLC	
	me of Limited Liability Company
	bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this ma	atter to the following:
TIMOTHY STEWART	
	Name of Person
PERA LOGIC LLC	
	Firm/Company
109 E 17TH ST STE	
	Address P
CHEYENNE, WY 8200	Firm/Company 63 Address City/State and Zin Code
	City/State and Zip Code
ADMIN@PERALOGIC	C.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, plea	se call:
TIMOTHY STEWART	at (209) 980-7372
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Fee Certificate of Sta	ce & \$\int\\$155.00 \text{ Filing Fee & \$\int\\$160.00 \text{ Filing Fee, Certificate}



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2011

TIMOTHY STEWART PERA LOGIC LLC 109 E 17TH ST STE 63 CHEYENNE, WY 82001

SUBJECT: PERA LOGIC LLC Ref. Number: W11000041335



We have received your document for PERA LOGIC LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 711A00018548

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIARILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRAINSACT BUSINESS IN THE STATE OF PLOKIDA:
1. PERA LOGIC LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
PERA LOGIC FL LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
_{2.} WYOMING 3. 45-2734260
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4, 07/20/2011 5, PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 109 E 17TH ST STE 63
7. 109 E 17TH ST STE 63 CHEYENNE, WY 82001 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
TIMOTHY STEWART, 109 E 17TH ST STE 63, CHEYENNE, WY 82001
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
ANY AND ALL LAWFUL BUSINESS
ANT AND ALL LAWFUL BUSINESS
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.) TIMOTHY STEWART
INIOTHI OTEVANICI

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
PERA LOGIC LLC	
If unavailable, the alternate to be used in the state of Florida is:	
PERA LOGIC FL LLC	
2. The name and the Florida street address of the registered agent and office are:	
TIMOTHY STEWART	ES S
(Name)	一型ニー
200 2ND AVE S STE 130	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	E FOR IZ:
SAINT PETERSBURG FL 33701	824 S
City/State/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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

PERA LOGIC LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 20, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000605106**.

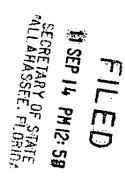
This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 29th day of July, 2011 at 2:40 PM. This certificate is assigned 010465219.



Maj Massiels

Secretary of State



Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.