

MI400000994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

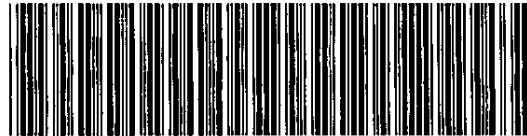
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Need Cert ev.d. amend -

3/9/16

Office Use Only



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05/31/16--01034--002 **30.00

16 JUL 15 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2016

TRIAGE LOGIC MANAGEMENT AND CONSULTING, LLC
ATTN: CHARU RAHEJA
3733 UNIVERSITY BLVD. W, STE 202
JACKSONVILLE, FL 32217

SUBJECT: TRIAGE LOGIC MANAGEMENT AND CONSULTING, LLC
Ref. Number: M14000000994

We have received your document for TRIAGE LOGIC MANAGEMENT AND CONSULTING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 816A00012350

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TriageLogic Management and Consulting, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charu Raheja

Name of Person

TriageLogic Management and Consulting, LLC

Firm/Company

3733 University Blvd. W., Suite 202

Address

Jacksonville, FL 32217

City/State and Zip Code

charu.raheja@triagelogic.com

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

For further information concerning this matter, please call:

Charu Raheja

Name of Person

at (904) 619-4241

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: TRIAGE LOGIC MANAGEMENT AND CONSULTING, LLC

Enter new principal office address, if applicable: 3733 University Blvd. W.

(Principal office address

MUST BE A STREET ADDRESS)

Suite 202

Jacksonville, FL 32217

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

3733 University Blvd. W.

Suite 202

Jacksonville, FL 32217

2. The Florida document number of this limited liability company is: M14000000994

3. Jurisdiction of its organization: Tennessee

4. Date authorized to do business in Florida: 2/7/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

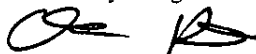
Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Charu Raheja

Typed or printed name of signee

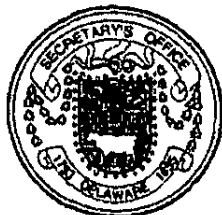
Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIAGELOGIC MANAGEMENT AND CONSULTING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF MAY, A.D. 2016.



6031700 8300

SR# 20162911181

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202293480

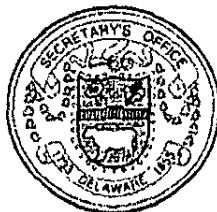
Date: 05-10-16

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A TENNESSEE
LIMITED LIABILITY COMPANY UNDER THE NAME OF "TRIAGELOGIC
MANAGEMENT AND CONSULTING, LLC" TO A DELAWARE LIMITED LIABILITY
COMPANY, FILED IN THIS OFFICE ON THE SECOND DAY OF MAY, A.D. 2016,
AT 5:07 O'CLOCK P.M.



8100V
SR# 20164821681

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202651307
Date: 07-13-16

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Tennessee.
- 2.) The jurisdiction immediately prior to filing this Certificate is Tennessee.
- 3.) The date the Non-Delaware Limited Liability Company first formed is 02/10/2006.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is TriageLogic Management and Consulting, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is TriageLogic Management and Consulting, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
14th day of April, A.D. 2016.

By 
Authorized Person

Name: Charu Raheja
Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "TRIAGELOGIC MANAGEMENT AND CONSULTING, LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF MAY, A.D. 2016, AT 5:07 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

6031700 8100
SR# 20164821681

Authentication: 202651308
Date: 07-13-16

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:07 PM 05/02/2016
FILED 05:07 PM 05/02/2016
SR 20162741120 - File Number 6031700

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

- **First:** The name of the limited liability company is TriagleLogic Management and Consulting, LLC
- **Second:** The address of its registered office in the State of Delaware is 919 North Market Street, Suite 425 in the City of Wilmington
Zip Code 19801

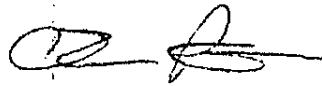
The name of its Registered agent at such address is InCorp Services, Inc.

- **Third:** (Insert any other matters the members determine to include herein.)

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In Witness Whereof, the undersigned have executed this Certificate of Formation this
14th day of April, 2016

By: ☒



Authorized Person(s)

Name: Charu Raheja

Typed or Printed