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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

PARALOGIC LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JODI RONEN

Name of Person

ACCU-TAX & ACCOUNTING SERVICES, LLC

Firm/Company

130 NE 4TH AVE

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

GIJORO@AOL.COM

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

For further information concerning this matter, please call:

JODI RONEN

954

574-0081

Name of Contact 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 Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2014

JODI RONEN ACCU-TAX & ACCOUNTING SERVICES, LLC 130 NE 4TH AVE DEERFIELD BEACH, FL 33441

SUBJECT: PARALOGIC LLC Ref. Number: W14000035305

We have received your document for PARALOGIC 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Teresa Brown Regulatory Specialist II

Letter Number: 714A00012241

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PARALOGIC LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability	y Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Liability Company," "L.L.C," or "LLC.")	Florida. The alternate name must include "Limited
DELAWARE 3. 23-3069	960
(Jurisdiction under the law of which foreign limited liability company is organiced)	(FEI number, if applicable)
6/1/14	
(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine pe	gistration.) enalty liability)
_{5.} 9800 SW 3RD ST	IALL TALL
PLANTATION, FL 33324	WUL WILL
(Street Address of Principal Office)	7 × × × × × × × × × × × × × × × × × × ×
_{5.} 9800 SW 3RD ST	
PLANTATION FL 33324	
(Mailing Address)	On 25 (0)
7. The name, title or capacity and address of the person(s) who has/h	
DARREN MILLER MACM	SISTER &
TARA MILLER MAY	,
	mis i
3. Attached is an original certificate of existence, no more than 90 day naving custody of records in the jurisdiction under the law of which it acceptable. If the certificate is in a foreign language, a translation of the nust be submitted)	t is organized. (A photocopy is not
Down Miller	Sastra's
Signature of an authorized per in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation un aware that any false information submitted in a document to the Department of State constitutes a the	inder the penalties of perjury that the facts stated herein are true
Darren Miller	, a
Darren Miller Typed or printed name of signes	e
	L'Official Leave

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:	er See
PARALOGIC LLC	n. Vitte in
If unavailable, the alternate to be used in the state of Florida is:	o Barr Appy
2. The name and the Florida street address of the registered agent and office are:	
DARREN MILLER	e Ne gi
(Name)	e asset in a
9800 SW 3RD ST	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	भ के अधिक
PLANTATION FL 33324	a ya safa
City/State/Zip	
Having been named as registered agent and to accept service of process for the above stat liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 605, I Statutes.	nt as isions of all with and
Daru Miller (Signature)	

Filing Fee for Application Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PARALOGIC 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 TWENTY-THIRD DAY OF MAY, A.D. 2014.

3313067 8300

140702798

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 1399008

DATE: 05-23-14

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