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2015 DEC 18 AM 10: 25

DEPARTMENT OF STAIL

K.SALY EXAMINER DEC 21 2015 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 918701 5012293

AUTHORIZATION :

COST LIMIT

: \$ 1.25.00 man

ORDER DATE: December 18, 2015

ORDER TIME : 3:27 PM

ORDER NO. : 918701-020

CUSTOMER NO: 5012293

FOREIGN FILINGS

NAME: IRALOGIX, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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 FLORIDAL iraLogix, LLC (Name of Foreign Limited Liability Company; must include "Lamited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") 2. Delaware (Jurisdiction under the law of which foreign limited hability (FEI number, if applicable) company is organized) Upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 8200 NW 41st Street, Suite 200 Doral, FL 33166 (Street Address of Principal Office) 8200 NW 41st Street, Suite 200 Doral, FL 33166 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my daties, and I am familiar with and accept the obligations of my position as registered agent.
Corporation Service Company Courtney Williams Ву. Asst. Vice President (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: James Haluszczak, Member, 8200 NW 41st Street, Suite 200, Doral, FL 33166 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) alure of an authorized person

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.

Typed or printed name of signee

James Haluszczak

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IRALOGIX, 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IRALOGIX, LLC"

WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2015 DEC 18 AM IO: 25

Authentication: 10650224

Date: 12-18-15

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