

MI 600000696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

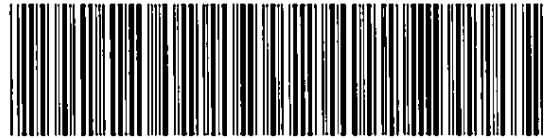
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100321217161

FILED

2011 NOV 26 AM 4:00

CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NOV 26 2011 1:50

11/27/11 QS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 480850 4324340

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 12, 2018

ORDER TIME : 1:17 PM

ORDER NO. : 480850-035

CUSTOMER NO: 4324340

FILED  
2018 NOV 26 A 4:04 PM

FOREIGN FILINGS

NAME: COUNSEL ON CALL, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Counsel on Call, 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:

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

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

\_\_\_\_\_  
Address

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

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

For further information concerning this matter, please call:

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

at (\_\_\_\_\_) \_\_\_\_\_

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

FILED  
2011 JUN 26 / 4:04

**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: Counsel On Call, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000000896

3. Jurisdiction of its organization: Tennessee

4. Date authorized to do business in Florida: 02/02/2016

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

5. New name of the limited liability company: Legility, LLC  
(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:

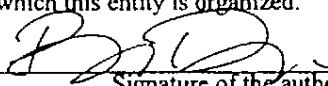
\_\_\_\_\_

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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

**Barry Dark, Chief Executive Officer**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

**State of Tennessee**  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

Capital Filing Service, Inc.  
STE B  
992 DAVIDSON DR  
NASHVILLE, TN 37205-1051

**Request Type: Certified Copies**  
Request #: 296198

Issuance Date: 11/14/2018  
Copies Requested: 1

**Document Receipt**

Receipt #: 004373946	Filing Fee:	\$20.00
Payment-Check/MO - CAPITAL FILING SERVICE INC, NASHVILLE, TN		\$180.00
Deposit-Account - CAPITAL FILING SERVICE INC, NASHVILLE, TN		\$160.00

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **Legility, LLC**, Control # 676556 was formed or qualified to do business in the State of Tennessee on 01/13/2012. Legility, LLC has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.


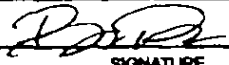
*Tre Hargett*  
Tre Hargett  
Secretary of State

Processed By: Dawn Whittaker

The attached document(s) was/were filed in this office on the date(s) indicated below:

<u>Reference #</u>	<u>Date Filed</u>	<u>Filing Description</u>
B0589-3607	11/13/2018	Articles of Amendment

78

<div style="text-align: center;">  <p><b>State of Tennessee</b></p> <p><b>Department of State</b> Corporate Filings 312 Rosa L. Parks Ave. 6<sup>th</sup> Floor, William R. Snodgrass Tower Nashville, TN 37243</p> </div> <div style="text-align: center; margin-top: 20px;"> <p><b>ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (LLC)</b></p> </div>	<p><small>For Office Use Only</small></p>
<p>LIMITED LIABILITY COMPANY CONTROL NUMBER (IF KNOWN) <u>000876556</u></p> <p>PURSUANT TO THE PROVISIONS OF §48-209-104 OF THE TENNESSEE LIMITED LIABILITY COMPANY ACT OR §48-249-204 OF THE TENNESSEE REVISED LIMITED LIABILITY COMPANY ACT, THE UNDERSIGNED ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLES OF ORGANIZATION:</p>	
<p>PLEASE MARK THE BLOCK THAT APPLIES:</p> <p><input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.</p> <p><input checked="" type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE <u>November 13</u> (DATE) <u>9:00 AM CT</u> (TIME).</p> <p>(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.</p>	
<p>1. PLEASE INSERT THE NAME OF THE LIMITED LIABILITY COMPANY AS IT APPEARS ON RECORD: <u>Counsel On Call, LLC</u></p> <p>IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW: <u>Legality, LLC</u></p>	
<p>2. PLEASE INSERT ANY CHANGES THAT APPLY:</p> <p>A. PRINCIPAL ADDRESS: _____ STREET ADDRESS _____</p> <p style="text-align: center;">CITY _____ STATE/COUNTY _____ ZIP CODE _____</p> <p>B. REGISTERED AGENT: _____</p> <p>C. REGISTERED ADDRESS: _____ STREET _____</p> <p style="text-align: center;">CITY _____ TN _____ STATE _____ ZIP CODE _____ COUNTY _____</p> <p>D. OTHER CHANGES: _____</p>	
<p>3. THE AMENDMENT WAS DULY ADOPTED ON <u>November 9, 2018</u></p> <p style="text-align: center;">MONTH DAY YEAR</p> <p>(If the amendment is filed pursuant to the provision of §48-209-104 of the TN LLC Act, please also complete the following by checking one of the two boxes:) AND THE AMENDMENT WAS DULY ADOPTED BY THE</p> <p><input type="checkbox"/> BOARD OF GOVERNORS WITHOUT MEMBER APPROVAL AS SUCH WAS NOT REQUIRED</p> <p><input checked="" type="checkbox"/> MEMBERS</p>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ Chief Executive Officer SIGNER'S CAPACITY</p> </div> <div style="width: 45%; text-align: center;">  _____ SIGNATURE  Barry Dark NAME OF SIGNER (TYPED OR PRINTED) </div> </div>	
<div style="display: flex; justify-content: space-between;"> <p>SS-4247 (REV. 01/06)</p> <p>Filing Fee: \$20.00</p> <p>RDA 2458</p> </div>	

FILED



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
**State of Tennessee**  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CHRISTOPHER BUTLER  
6 LANDMARK SQ  
STAMFORD, CT 06901-2704

October 26, 2018

### Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Control #:	992041	Expiration Date:	02/25/2019
Filing Type:	Reserved Name	Image #:	B0592-5477
Filing Date:	10/26/2018 11:13 AM		
Status:	Active		

#### Document Receipt

Receipt #: 004350107	Filing Fee:	\$20.00
Payment-Check/MO - CFS-1, NASHVILLE, TN		\$20.00

Congratulations on the successful filing of your Name Reservation for Leglity, LLC in the State of Tennessee on the date shown above. Please submit a copy of this acknowledgment when filing a document which utilizes this name reservation. This name expires at the close of business on the expiration date shown above.

When corresponding with this office or submitting documents for filing, please refer to the control number given above.

*Tre Hargett*  
Tre Hargett  
Secretary of State

Processed By: Cassandra Bowman

B0589-3608 11/13/2018 8:46 AM Received by Tennessee Secretary of State Tre Hargett



State of Tennessee



Department of State  
Corporate Filings  
312 Rosa L. Parks Avenue  
6<sup>th</sup> Floor, William R. Snodgrass Tower  
Nashville, TN 37243

APPLICATION FOR RESERVATION OF  
LIMITED LIABILITY COMPANY NAME

For Office Use Only

FILED

Note: An application for name reservation need not be filed with articles of organization.

To the Tennessee Secretary of State:

Pursuant to §48-207-102 of the Tennessee Limited Liability Company Act or §48-249-107 of the Tennessee Revised Limited Liability Company Act, the undersigned hereby applies for reservation of the following name for a period of four (4) months:

Legility, LLC

(Name to be reserved)

The name and address of the applicant is:

Christopher Butler c/o Finn Dixon & Herling

Six Landmark Square

Stamford, CT 06901

Zip Code

Date: October 25, 2018

Signature

Christopher Butler

Name (typed or printed)

Signer's Capacity (if other than individual capacity)

BO589536987140363201881451 AM Received by Tennessee Secretary of State at 11:41 AM