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To:	Division of Corporations			
	Fax Number : (850) 617-6383		<u> </u>	
From:	Account Name : C T CORPORATION SYSTE	·M	T. m	26
	Account Number : FCA00000023 Phone : (850)205-3842	,rı		
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	VoIP Logic LLC
5050	Name of Limited Liability Company
The en	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nee, 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:
	Alicia Rotella
	Name of Person
	Nixon Penbody LLP
	Firm/Company
	1300 Clinton Square
	Address E T
	Rochester, NY 14604
	City/Stote and Zip Code
	arotella@nixonpeabody.com
For fu	E-mail address: (to be used for future annual report notification)
10.1	
	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
Enclos	sed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE PULLOWING IS SUBMITTED TO RECISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: VolP Logic LLC (Name of Foreign Limited Liability Company; must include "Limited 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 Liabitity Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability (FUI number, if applicable) company is organized) August, 2007 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 79 Water Street Williamstown, MA 01267 (Street Address of Principal Office) 79 Water Street Williamstown, MA 01267 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation , Florida 33324 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 duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, (life or capacity and address of the person(s) who has/have authority to manage is/are: Micah Singer, Manager 333 Stratton Road Willaimstown, MA 01267 9. Attached is a certificate of existence, no more than 90 days old, dufy authenticated by the official having custody of records in the jurisdiction under the law of which it is syrganized. (If the certificate is in a foreign language, a translation of the certificate under oath

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.

of the translator must be submitted)

Micah Singer, Manager

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VOIP LOGIC 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-SECOND DAY OF SEPTEMBER, A.D. 2016.

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

FILELD

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SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

3968969 8300 SR# 20165903749

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

Authentication: 203041754

Date: 09-22-16