# M1600009554

(Requestor's Name)					
(Address)					
(Address)	<u> </u>				
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of State	us				
Special Instructions to Filing Officer:					

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Office Use Only



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TO POUR OF THE PLANT OF THE PROPERTY OF THE PR

II. HARRIS

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

ACCOUNT NO. : 12000000195

REFERENCE: 385

385132 7942149

AUTHORIZATION

COST LIMIT : (\$' 125.00

ORDER DATE: November 30, 2016

ORDER TIME : 12:50 PM

ORDER NO. : 385132-005

CUSTOMER NO: 7942149

#### FOREIGN FILINGS

NAME: FOODLOGIQ, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### **COVER LETTER**

TO:

**Registration Section** 

Điv	ision of Corporation	ns		
SUBJECT:	FOODLOGIQ, LLC	3		
SCOULCY.		Name of	Limited Liability Compan	y
				Fransact Business in Florida," Certificate of lity company to transact business in Florida
Please return	all correspondence	concerning this matter to the	following:	
	FAITH KOSO	BUCKI		
		N	ame of Person	
	FOODLOGIQ	LLC		
		F	irm/Company	
	2655 MERIDI.	AN PARKWAY		
			Address	
	DURHAM, NO	27713		
	-	City/S	tate and Zip Code	
	FKOSOBUCKI(	@CLARKSTONCONSULT	ING.COM	
	<del></del>	E-mail address: (to be use	d for future annual report r	notification)
For further is	nformation concernin	g this matter, please call:		
FA	ITH KOSOBUCKI		919 484-	4461
	Name o	Contact Person		Paytime Telephone Number
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section Box 6327 lahassee, FL 32314		Divisio Registr Clifton 2661 E	ET ADDRESS: on of Corporations ration Section i Building executive Center Circle assee, FL 32301
	a check for the follow \$125.00 Filing Fee	ring amount:  \$\Pi\$ 130.00 Filing Fee &  Certificate of Status	Certified Copy	□ \$160.00 Filing Fee, Certificate     of Status & Certified Copy

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

1. The second of

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. FOODLOGIQ, LLC			Hity Company 1 11 1 C 1 or 1	116%	_
(Name of For	eign Limited Liability Company; must	include "Limiled Liab	uny Company, "E.L.C., or "	LLC.")	
Liability Company," "L.L.C,	Iternate name adopted for the purpose "or "LLC.")	of transacting business	in Florida. The alternate name	must include "Li	imited
2. DELAWARE		3. 20-5689666			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)					_
4. 12/1/2016					
	(Date first transacted business (See sections 605.0904 & 605.0	s in Florida, if prior to 1905, F.S. to determine	registration.) penalty liability)		
5. 2655 MERIDIAN PA	•				
DURHAM, NC 27713	3				ਛ
	(Street Address of Pr	rincipal Office)			<u>.</u>
6. 2655 MERIDIAN PAR	RKWAY	•			*ರ ಬ -i
DURHAM, NC 27713	3				
· · · · · · · · · · · · · · · · · · ·	(Mailing A	ddress)			
7. Name and street addres	ss of Florida registered agent: (P.C	D. Box <u>NOT</u> accepta	ible)		8: -2:
Name:	Corporation Service Company	· · ·			77
Office Address:	1201 Hays Street				
	Tallahassee		, Florida 32301		
	(City)		(Zip code)		
designated in this applica to complywith the provisi	registered agent and to accept servi- tion, I hereby accept the appointn ons of all statutes relative to the p my position as registered agent, Corporation Service Company By:	nent as registered ag proper and complete	ent and agree to act in this	capacity, I fur and I am famili	ther agree
	(Register	red agent's signature)	Asst. Vice		
8. The name, title or caps	acity and address of the person(s) v	who has/have authori	1 20011 1 1 1 1		
	FO, 2655 MERIDIAN PARKWA				
· · · · · · · · · · · · · · · · · · ·				<u></u>	
*** ********					
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 day of which it is organized. (If the cerubmitted)	rs old, duly authentic ntificate is in a foreig	ated by the official having containing the language, a translation of	ustody of record the certificate un	ls in the ider oath
	Signature o	of an authorized person			
	d in accordance with section 605.02 the Department of State constitute				n

Typed or printed name of signee

**FAITH KOSOBUCKI** 

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FOODLOGIQ, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOODLOGIQ, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2006.

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

4208790 8300 SR# 20166838558 Authentication: 203419026

Date: 11-30-16