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O SIMMONS DEC 16 2016 12/15/2016 6:20 AM FROM: 4433198690 TO: +18502456030 P. 1

Attention: Octavia Simmons

Fax #: 850-245-6030

From: Felicia Reyes - LogicForce Consulting

Octavia,

Good morning. We spoke a few days ago regarding my application for a foreign LLC that was rejected. I've been trying to fax over this document for the past 2 days. When we spoke, you indicated that the application was rejected due to a missing title with question 8. I have updated the information accordingly. If you have any questions, I can be reached at 410-935-1682.

Thanks!

Felicia

2016 DEC 15 AM ID: 05
SLUKE PARY SE, FLORIDA

## **COVER LETTER**

|  | legistration Section<br>bivision of Corporations   |   |  |
|--|--|---|--|
| SUBJECT  | LogicForce Consulting, LLC   |   |  |
| SUBJECT  | Name of Li   | imited Liability Company  |  |
| The enclos<br>Existence,   | sed "Application by Foreign Limited Liability Compa<br>and check are submitted to register the above referen | ny for Authorization to Transact Business in Florida," Certificate of<br>iced foreign limited liability company to transact business in Florida |  |
| Please retu  | urn all correspondence concerning this matter to the fo  | ollowing:   |  |
|  | Felicia Reyes  |   |  |
| Name of Person   |  |   |  |
|  | Innovative Services and Solutions, LLC   |   |  |
| Firm/Company   |  |   |  |
|  | 921 E. Fort Avenue, Suite 230  |   |  |
| Address  |  |   |  |
|  | Baltimore, MD 21230  |   |  |
| City/State and Zip Code  |  |   |  |
| freyes@is2llc.com; documents@incorp.com  |  |   |  |
|  | E-mail address: (to be used  | for future annual report notification)  |  |
| For furthe   | er information concerning this matter, please call:  |   |  |
| i  | Felicia Reyes  | at ( 935-1682   |  |
| _  | 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               |  |
|  | is a check for the following amount:  ■ \$125.00 Filing Fee  □ \$130.00 Filing Fee &  Certificate of Status  | ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy  |  |

Felicia A. Reve-

#### ₽.

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

IN COMPLANCE WITH SECTION (08:00)2, FLORIDA STATUTES THE FOLLOWING INSUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: LogicForce Consulting, LLC (Name of Foreign Limited Liability Company must include "Limited Liability Company" "L.L.C." or "LLC") (If name unavailable, error alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC") 3 62-1717061 Tennessee (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0004 & 605,0905, F.S. to determine penalty hability.) 9584 Town Parc Circle N FILED 15 PH 2: 48 Parkland, FL 33076 (Street Address of Principal Office) 921 E. Fort Avenue. Suite 230 Baltimore, MD 21230 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) InCorp Services, Inc. Name 17888 67th Courth North Office Address: . Florida 33470 (Zip code) Lovabatchee 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 propor and complete performance of my duties, and I am familiar with and uccept the obligations of my position as registered/agent. Kathy Shin on behalf of InCorp Services, Inc. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Business (moultant Felicia A. Reves, 921 E. Fort Avenue, Stiffe 230 Baltimore, MD 21230 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) Filma A. Rey Signature of an authorized person This document is executed in accordance with rection 605,0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department or state constitutes a third degree relong as provided for in s.817.155. F.S.

Typed or printed name of signer



# STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

**FELICIA REYES** 

November 30, 2016

921 E. FORT AVENUE, SUITE 230 BALTIMORE, MD 21230

Request Type: Certificate of Existence/Authorization

Request #:

0221728

Issuance Date: 11/30/2016

Copies Requested:

**Document Receipt** 

Receipt #: 002986503

Payment-Credit Card - State Payment Center - CC #: 3689621993

Filing Fee:

\$20.00

\$20.00

Regarding:

LOGICFORCE CONSULTING, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 11/03/1997

Status:

Active

**Duration Term:** 

Perpetual

**Business County: DAVIDSON COUNTY** 

Control #:

340036

Date Formed:

11/03/1997

Formation Locale: TENNESSEE

Inactive Date:

### **CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

### LOGICFORCE CONSULTING, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 020136214