

M18000007071

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

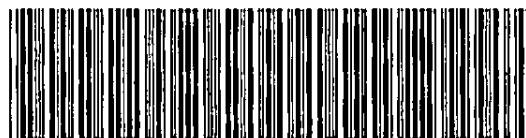
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400313022644

05/30/18--01023--024 \*\*130.00

FILED  
18 AUG - 1 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
AUG - 2 2018

W8-81M



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2018

BAHMAN SADEGHI  
8333 NW 53RD ST, STE 450  
DORAL, FL 33166

SUBJECT: LOGIX CAPITAL, LLC  
Ref. Number: W18000051863

We have received your document for LOGIX CAPITAL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is .

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 918A00011439

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LOGIX CAPITAL, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

BAHMAN SADEGHI

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

LOGIX CAPITAL, LLC

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

8333 N.W. 53RD ST, STE 450

\_\_\_\_\_  
Address

DORAL, FL 33166

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

BSADEGHI@LOGIXCAPITALUS.COM

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

For further information concerning this matter, please call:

BAHMAN SADEGHI

949

678-4726

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

\_\_\_\_\_  
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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

FILED  
18 AUG -1 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 31, 2018

SunBiz – Division of Corporation  
VIA Email: [karen.saly@dos.myflorida.com](mailto:karen.saly@dos.myflorida.com)

RE: Logix Capital, LLC, a Florida limited liability company

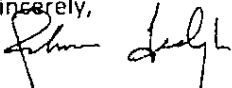
To Whom It May Concern:

I, Bahman Sadeghi, the Manager and CEO of Logix Capital, LLC, a Florida limited liability company (which was dissolved effective May 25, 2018), hereby give consent and release the name of Logix Capital, LLC, a Florida limited liability company. I will not use the Florida entity name to operate in Florida.

With the attached rejection letter, I wish to refile with the State of Florida as a Delaware entity under that name to operate in the State of Florida. Please find the rejection letter, State of Delaware entity existence, Certificate of Formation and Statement of Authorized Person for Logix Capital, LLC, a Delaware limited liability company.

Please advise Blalock Walters, PA, law firm of any further items needed to complete these items at 941-748-0100, attention Annie Breitinger.

Sincerely,



Bahman Sadeghi, CEO, Manager

**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 FLORIDA:

1. LOGIX CAPITAL, 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 Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 82-4867128  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 1, 2018  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8333 N.W. 53<sup>rd</sup> St, Suite 450 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)  
Doral, FL 33166

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: BAHAMAN SADEGHI c/o Hawaii International  
Office Address: 8333 N.W. 53<sup>rd</sup> St, Suite 450  
Doral, FL 33166, Florida 33166  
(City) (Zip code)

FILED  
18 AUG - 1 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 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.*  
[Signature]  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>BAHAMAN SADEGHI</u>		
	<u>8333 N.W. 53<sup>rd</sup> St, Suite 450</u>		
	<u>Doral, FL 33166</u>		

(Use attachments if necessary)

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)

10. 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.

[Signature]  
Signature of an authorized person

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOGIX CAPITAL, 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 THIRTY-FIRST DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOGIX CAPITAL, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2018.

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

FILED  
18 AUG - 1 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



6799452 8300

SR# 20185932992

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203161186

Date: 07-31-18