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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

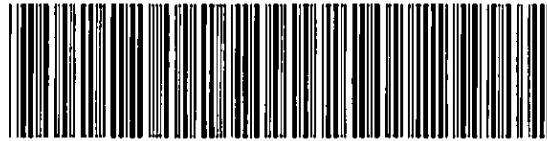
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE

11/14/18--01001--013 **125.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K SALY
NOV 14 2018

GRAY ROBINSON
ATTORNEYS AT LAW

Kirk Pepper
Senior Director Government Affairs

850-577-9090

KIRK.PEPPER@GRAY-ROBINSON.COM

November 13, 2018

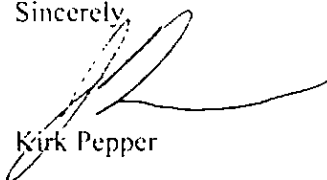
Florida Department of State
Division of Corporations
2661 Executive Center Circle West
Tallahassee, FL 32301

Re: Kologik, LLC Application for Foreign LLC Company for Authorization to Transact
Business in Florida

To whom it may concern,

Please find attached the executed application, a certificate of existence, and a \$125 check made payable to the Secretary of State on behalf of the entity listed: Kologik, LLC. Should there be any questions or any corrections needed please respond to the authorized persons on the Cover Letter.

Sincerely,



Kirk Pepper

KP

301 SOUTH BRONOUGH STREET
SUITE 600
POST OFFICE BOX 11189 (32302-3189)
TALLAHASSEE, FLORIDA 32301
TEL 850-577-9090
FAX 850-577-3311
gray-robinson.com

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kologik 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:

Paul San Soucie

Name of Person

Kologik, LLC

Firm/Company

3837 Plaza Tower Dr, Ste C

Address

Baton Rouge, LA 70816

City/State and Zip Code

PaulS@kologik.com

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

For further information concerning this matter, please call:

Paul San Soucie	225	291.5440
_____ Name of Contact Person	at (_____) 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:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate
of Status & Certified Copy |
|---|---|--|---|

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. Kologik LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Kologik L.L.C.
(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. Louisiana 3. 81-0763729
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 01/01/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3837 Plaza Tower Drive 6. 3837 Plaza Tower Drive
(Street Address of Principal Office) (Mailing Address)
Suite C Suite C
Baton Rouge, LA 70816 Baton Rouge, LA 70816

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Gray Robinson, P.A.
Office Address: ATTN: Kirk Pepper/ 301 S Bronough Street
Ste 500; Tallahassee, Florida 32301
(City) (Zip code)

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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
CEO	<u>Matthew Teague</u> <u>3837 Plaza Tower Dr. Suite C</u> <u>Baton Rouge, LA 70816</u>	CIO	<u>Paul San Soucie</u> <u>3837 Plaza Tower Suite C</u> <u>Baton Rouge, LA 70816</u>
President	<u>Jackson Smith Thomas</u> <u>3837 Plaza Tower Dr. Suite C</u> <u>Baton Rouge, LA 70816</u>		

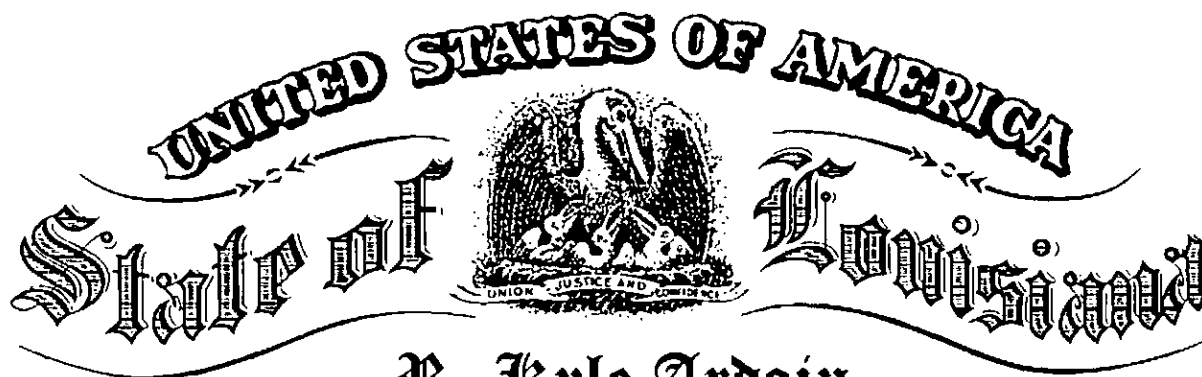
(Use attachments if necessary)

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 605.0703 (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
Paul San Soucie
Typed or printed name of signee

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TALLAHASSEE, FLORIDA



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

KOLOGIK LLC

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on December 08, 2015,

I further certify that no Certificate of Dissolution or Termination has been issued.

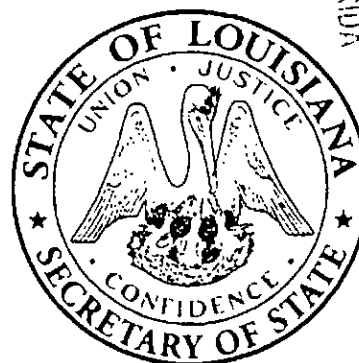
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STATE OF LOUISIANA
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 12, 2018



R. Kyle Ardoin

Secretary of State

Web 42095729K

Certificate ID: 11013474#9EG62

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov