

MIS000010822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

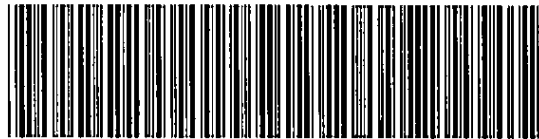
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

N CULLIGAN

DEC 4 2018



807 W Highway 50, Suite 1 O'Fallon, IL 62269 618.632.5544	601 S Lindbergh Blvd. Frontenac, MO 63131 314.454.9100
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aegislaw.com

Author's Extension and Email:
(314) 454-9100 Ext. 123
twhite@aegislaw.com

November 20, 2018

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

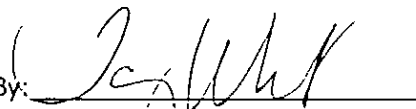
Re: ScriptLogic WC, LLC – Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

Dear Sir or Madam:

Attached for filing, please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Once filed, please return a file-stamped copy of the filing in the enclosed self-addressed, stamped envelope. I thank you, in advance, for your assistance with this filing. Should you have any questions or concerns, please do not hesitate to contact me at the number listed above.

Sincerely yours,

AEGIS LAW

By: 

Tammy White

2018 NOV 26 PM 1:26

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ScriptLogic WC, 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:

Tammy J. White

Name of Person

AEGIS Law

Firm/Company

807 W. Highway 50, Suite 1

Address

O'Fallon, IL 62269

City/State and Zip Code

twhite@aegislaw.com

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

For further information concerning this matter, please call:

Jeffrey Wax

314

454-9100

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

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. ScriptLogic WC, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. N/A

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

5. 10403 Greendale Drive

(Street Address of Principal Office)

Tampa, FL 33626

6. 10403 Greendale Drive

(Mailing Address)

Tampa, FL 33626

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: AEGIS Law

Office Address: 100 S. Ashley Drive, Suite 620

Tampa

(City)

, Florida 33602

(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:

Mgr.

Jay Hoffman

Mgr.

Loraine Daugherty

103 W. Vandalia, Ste. 100
Edwardsville, IL 62025

10403 Greendale Dr.
Tampa, FL 33626

Mgr.

Randy Beckham
10403 Greendale
Tampa, FL 33626

(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

Jay Hoffman, Manager

Typed or printed name of signee

FILED
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SECRETARY OF STATE
TALLAHASSEE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SCRIPTLOGIC WC, 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 OCTOBER, A.D. 2018.



7128137 8300

SR# 20187406791

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203718796

Date: 10-31-18

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

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(City)

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R. Welch

(Registered agent's signature)

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Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Mgr.

Jay Hoffman
103 W. Vandalia, Ste. 100
Edwardsville, IL 62025

Mgr.

Loraine Daugherty
10403 Greendale Dr.
Tampa, FL 33626

Mgr.

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J. Hoffman, Manager

Signature of an authorized person

Jay Hoffman, Manager

Typed or printed name of signer

Delaware

The First State

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Date: 10-31-18