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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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AUG 08 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2019

SCOTT BRADSHAW
569 B SOUTHLAKE BLVD
NORTH CHESTERFIELD, VA 23236

SUBJECT: AUTOLOGIC LLC
Ref. Number: W19000064681

We have received your document for AUTOLOGIC LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 P17000081612.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 019A00014312

RECEIVED

AUG 06 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Autologic 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:

Scott G. Bradshaw

Name of Person

Autologic LLC

Firm/Company

569 B Southlake Blvd.

Address

North Chesterfield, VA 23236

City/State and Zip Code

sbradshaw@autologicllc.com

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

For further information concerning this matter, please call:

Scott G. Bradshaw

at (804) 314-8501

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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

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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. Autologic LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
AUTOLOGIC ENGINEERING 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. Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 54-2031794
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. Autologic LLC
(Street Address of Principal Office)
569 B Southlake Blvd
North Chesterfield, VA 23236
6. Autologic LLC
(Mailing Address)
569 B Southlake Blvd
North Chesterfield, VA 23236

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

Name: Brian Haynes

Office Address: 38 Fullerwood Dr.

St. Augustine, Florida 32084
(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] 6-19-2019
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☒ Manager Name: Scott G. Bradshaw

☐ Member Address: 20125 Oak River Ct.

☒ Authorized South Chesterfield, VA 23803

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: James M. Lynch

☐ Member Address: 4803 W. Franklin St.

☒ Authorized Richmond, VA 23226

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Brian M. Haynes

☒ Member Address: 38 Fullerwood Dr.

☐ Authorized St. Augustine, FL 32084

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Stephen L. Riley

☐ Member Address: 1331 Lomond Dr.

☒ Authorized Midlothian, VA 23114

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Michael A. Mutter

☐ Member Address: 6909 Shorebird Ct.

☒ Authorized Prince George, VA 23875

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 §17.155, F.S.

- 2 -

Signature of an authorized person

SCOTT G. BRADSHAW
Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

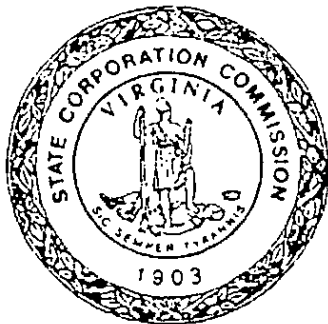
I Certify the Following from the Records of the Commission:

That Autologic LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is May 11, 2001; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
June 14, 2019*

Joel H. Peck

Joel H. Peck, Clerk of the Commission