# M19000011262

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(C	ity/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(B	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instruction to					
cont. 6	Bar Roy T				

Office Use Only



400332000944

07/22/19--01015--013 \*\*125.90

Bright St.

2013 NOV -8 PH 1: 15

NOV 25 2019 M. SOLOMON

### COVER LETTER

Registration Section Division of Corporations

TO:

	IFS Logix, LLC			
SUBJECT:		Name of L	mited Liability Company	y
The enclosed Existence, ar	l "Application by For nd check are submitte	eign Limited Liability Compa d to register the above referer	ny for Authorization to liced foreign limited liabi	Fransact Business in Florida," Certificate of lity company to transact business in Florida.
Please return	all correspondence o	oncerning this matter to the fi	ollowing:	
	Devin Johnson		_	
		Na	ne of Person	
•	IFS Logix, LLC			
		Fir	m/Company	
	2080 S Industri	al Rd. BLDG B STE C		
			Address	
	Salt Lake City,	UT 84104		
		City/St	ate and Zip Code	
	logixap@firstmi			
		E-mail address: (to be used	for future annual report	notification)
For further i	information concernir	g this matter, please call:		
_4	1 cimbery Da	w	at ( & ) 3	07 - 55/5 Daytime Telephone Number
	Name	of Contact Person		
	AILING ADDRESS			CET ADDRESS: ion of Corporations
	vision of Corporation gistration	S		tration Section
	D. Box 6327			n Building
	llahassee, FL 32314			Executive Center Circle nassee, FL 32301
	a check for the follow \$125.00 Filing Fee	ving amount:  \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee Certified Copy	& S160.00 Filing Fee, Certificate of Status & Certified Copy

# APT LICATION 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:

	Limited Liability Company; must include "Limited	diaming company, indica, or indi-	2.")
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC,")
Utah		3. 46-5600667	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI n	umber, if applicable)
10/1/2018			
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)	
2080 S Industrial Rd. I			physical
Street Address of		6. Same of (Mailing)	Physical
Salt Lake City, UT 841	04	addreis	123
		<u> </u>	•
7 - N.L	or of Florida registered agent: (P.O. Boy	NOT acceptable)	
· · · · · · · · · · · · · · · · · · ·	ss of Florida registered agent: (P.O. Box		
Name:	Settrey Styrestre		
	Jeffrey Slyvestre 5770 Lake side Dr. Margne	Apt 809	101 351 <del></del>
Office Address:	7770 CIRE SIGE VI:	. 175	2 Tr
	Margate	, Florida (5.306	3_
	(City)	(Zip	code)
Having been named as re lesignated in this applica o comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper	s registered agent and agree to o	act in this capacity. I further ag
Having been named as re designated in this applica to comply with the provisi	gistered agent and to accept service of p tion. I hereby accept the appointment a	s registered agent and agree to o	act in this capacity. I further ag
Having been named as re lesignated in this applica o comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper	s registered agent and agree to a and complete performance of n	act in this capacity. I further ag
Having been named as re designated in this applica to comply with the provisi and accept the obligation	gistered agent and to accept service of parties, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's gent's gen'	s registered agent and agree to a and complete performance of n	act in this capacity. I further agony duties, and I am familiar with
Having been named as re designated in this applica to comply with the provisi and accept the obligation 8. The name, title or capa	gistered agent and to accept service of parties, I hereby accept the appointment alions of all statutes relative to the propers of my position as registered agent.	s registered agent and agree to a and complete performance of n	act in this capacity. I further agony duties, and I am familiar with
Having been named as re designated in this applica to comply with the provisi and accept the obligation	gistered agent and to accept service of partion, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's active and address of the person(s) who has Name and Address:	s registered agent and agree to a and complete performance of n signature)  signature)  s/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agony duties, and I am familiar with
Having been named as re designated in this applica o comply with the provisi and accept the obligation 8. The name, title or capa	gistered agent and to accept service of partion, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's active and address of the person(s) who has Name and Address:	s registered agent and agree to a and complete performance of n signature)  signature)  s/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agony duties, and I am familiar with
Having been named as re designated in this applica o comply with the provisi and accept the obligation 8. The name, title or capa	gistered agent and to accept service of partion, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's partity and address of the person(s) who have	s registered agent and agree to a and complete performance of n signature)  signature)  s/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agony duties, and I am familiar with
Having been named as re designated in this applica o comply with the provisi and accept the obligation 8. The name, title or capa	gistered agent and to accept service of ption, I hereby accept the appointment ations of all statutes relative to the proper s of my position as registered agent.  (Registered agent's incity and address of the person(s) who have a service of the person o	s registered agent and agree to a and complete performance of n signature)  signature)  s/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agony duties, and I am familiar with
Having been named as re designated in this applica o comply with the provisi and accept the obligation 8. The name, title or capa	gistered agent and to accept service of ption, I hereby accept the appointment ations of all statutes relative to the proper s of my position as registered agent.  (Registered agent's incity and address of the person(s) who have a service of the person o	s registered agent and agree to a and complete performance of n signature)  signature)  s/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agony duties, and I am familiar with
Having been named as re designated in this applica o comply with the provisi and accept the obligation 8. The name, title or capa	gistered agent and to accept service of ption, I hereby accept the appointment ations of all statutes relative to the proper s of my position as registered agent.  (Registered agent's incity and address of the person(s) who have a service of the person o	s registered agent and agree to a and complete performance of n signature)  signature)  s/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agony duties, and I am familiar with
Having been named as re designated in this applica o comply with the provisi and accept the obligation 8. The name, title or capa	gistered agent and to accept service of ption, I hereby accept the appointment ations of all statutes relative to the proper s of my position as registered agent.  (Registered agent's incity and address of the person(s) who have a service of the person o	s registered agent and agree to a and complete performance of n signature)  signature)  s/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agony duties, and I am familiar with
Having been named as relesignated in this applicate of the provision of the accept the obligation.  8. The name, title or capacity:  Manager  Manager	gistered agent and to accept service of partion, I hereby accept the appointment actions of all statutes relative to the proper sof my position as registered agent.  (Registered agent's indicated and address of the person(s) who has a name and Address:  Jeffey Slyright  Teffey Slyright  They we for Apt. 157	s registered agent and agree to a and complete performance of n signature)  signature)  s/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agony duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisional accept the obligation.  8. The name, title or capatitle or Capacity:  MGARGE  (Use attachments if necessor, Attached is a certificate urisdiction under the law	gistered agent and to accept service of ption, I hereby accept the appointment ations of all statutes relative to the proper s of my position as registered agent.  (Registered agent's accity and address of the person(s) who has a Name and Address:  Jeffery Styrester  The Lacette Rr. Apt. 157  May Fr. Moly  of existence, no more than 90 days old, of which it is organized. (If the certificat	signature)  is/have authority to manage is/are  Title or Capacity:  duly authenticated by the officia	ny duties, and I am familiar with  Name and Address:
designated in this applicate of comply with the provisional accept the obligation.  8. The name, title or capative of the or Capacity:  MgAge  (Use attachments if necessor, Attached is a certificate urisdiction under the law of the translator must be some of the translator must	rgistered agent and to accept service of ption, I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's incity and address of the person(s) who has a Name and Address:  Jeffery Styresbe Styresbe Styresbe The Mark Fr. Moly  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  suted in accordance with section 605.0203	signature)  is/have authority to manage is/are  Title or Capacity:  duly authenticated by the officiale is in a foreign language, a trans	e:  Name and Address:  I having custody of records in the slation of the certificate under oat ware that any false information
Having been named as redesignated in this applicate to comply with the provision accept the obligation.  8. The name, title or capatitle or Capacity:  Manager  (Use attachments if necessory acceptance of the translator must be second to the translator must be seco	gistered agent and to accept service of ption, I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's active and address of the person(s) who has a Name and Address:  Jeffery Styrester  The Styrester agent's active active active active agent's active and address agent's active agent agen	signature)  is/have authority to manage is/are  Title or Capacity:  duly authenticated by the officiale is in a foreign language, a trans	e:  Name and Address:  I having custody of records in the slation of the certificate under oat ware that any false information

Typed or printed name of signee

Devin Johnson



#### **Utah Department of Commerce**

#### Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

11/05/2019 9036214-016011052019-217553

## CERTIFICATE OF EXISTENCE

Registration Number:

9036214-0160

Business Name:

IFSLOGIX, LLC

Registered Date: Entity Type:

May 07, 2014 LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jan Stup

Jason Sterzer
Director
Division of Corporations and Commercial Code



September 12, 2019

DEVIN JOHNSON 2080 S INDUSTRIAL RD, BLDG B, STE C SALT LAKE CITY, UT 84104

SUBJECT: IFS LOGIX, LLC Ref. Number: W19000069392

We have received your document for IFS LOGIX, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

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

www.sunbiz.org

0.00

Letter Number: 219A00018800



July 31, 2019

DEVIN JOHNSON 2080 S INDUSTRIAL RD, BLDG B, STE C SALT LAKE CITY, UT 84104

SUBJECT: IFS LOGIX, LLC Ref. Number: W19000069392

We have received your document for IFS LOGIX, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

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: 019A00015685

SEP 1 0 2019