

M19000011694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

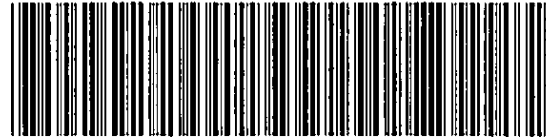
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 DEC -9 PM 3:11
U.S. DEPT. OF JUSTICE
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DEC 10 2019
M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sophic 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:

Derek Schneidt

Name of Person

Sophic LLC

Firm/Company

23 Dune Side Lane

Address

Santa Rosa Beach, Florida 32459

City/State and Zip Code

Derek.Schneidt@SophicLLC.com

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

For further information concerning this matter, please call:

Derek Schneidt

737

781-0031

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:

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

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

IN COMPLIANCE WITH SECTION 605.04(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Sophic LLC

Name of foreign limited liability company must include "Limited Liability Company," "LLC," or "L.L.C."

illuminet 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 "L.L.C.")

Texas, USA

82-4560197

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

(EIN) number, if applicable

N/A

(Date first transacted business in Florida, if prior to registration)
(See sections 605.04(2) & 605.04(5), F.S., to determine penalty liability.)

23 Dune Side Lane

23 Dune Side Lane

(Mailing address of principal office)

(Mailing address)

Santa Rosa Beach, FL 32459

Santa Rosa Beach, FL 32459

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

Name: Registered Agents, Inc.

Office Address: 7901 4th St. N, STE 300

St. Petersburg, FL 33702 Florida

(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.

Bill Hume

See attached document (Registered agent's signature)

2018 DEC -9 PM 3:11

FILED

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: Derek Schneidt

☐ Member Address: 23 Dune Side Lane

☐ Authorized Santa Rosa Beach, FL 32459

Person _____

☒ Other Co-Owner ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Tammy Schneidt

☐ Member Address: 23 Dune Side Lane

☐ Authorized Santa Rosa Beach, FL 32459

Person _____

☒ Other Co-Owner ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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 s 817.155, F.S.

Derek S. Schneidt
Signature of an authorized person

Derek S. Schneidt
Typed or printed name of signer



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Sophic, LLC (file number 802944261), a Domestic Limited Liability Company (LLC), was filed in this office on February 14, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 02, 2019.



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2019

DEREK SCHNEIDT
23 DUNE SIDE LN
SANTA ROSA BEACH, FL 32459

SUBJECT: SOPHIC, LLC
Ref. Number: W19000069308

We have received your document for SOPHIC, 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):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 819A00020228

please see attached

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DEC 09 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2019

DEREK SCHNEIDT
23 DUNE SIDE LN
SANTA ROSA BEACH, FL 32459

SUBJECT: SOPHIC, LLC
Ref. Number: W19000069308

We have received your document for SOPHIC, 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):

The registered agent must sign accepting the designation. (*Please see attached*)

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

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 719A00015666

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SEP 23 2019