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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

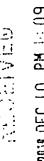
Account Number : 120160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future mannual report mailings. Enter only one email address please.

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Foreign Limited Liability Company DOCTORLOGIC, LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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| Estimated Charge | \$155.00 |



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| , Deli | Name of Limited Liability Company | | | | | |
| | | eign Limited Liability Co I to register the above re | | | | |
| sasc return | n all correspondence co | oncerning this matter to | the following: | | | |
| | Randall G. Ray | | | | TALL | 2019 (|
| | | , , | Name of Person | | <u> </u> | · |
| | Munck Wilson I | Mandala, LLP | | | SSE | 5 |
| | | | Firm/Company | | | |
| | 12770 Coit Road | d, Suite 600 | | | OR I | _ F. |
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| | rray@munckwils | on.com | | | | |
| | | E-mail address: (to be | used for future annu | al report notificati | (ao | - |
| r further i | information concerning | this matter, please call: | | | | |
| Ra | ındall G. Ray | | 972 | 628-4520 | | |
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| Div Reg P.C | vision of Corporations gistration Section D. Box 6327 Hahassee, FL 32314 | | | STREET ADE Division of Cor Registration Se Clifton Buildin 2661 Executive Tallahassee, FL | porations ction g : Center Circle | |
| | closed is a check for the | e following amount: le to: FLORIDA DEPA | RTMENT OF ST | ATE | | |
| | \$125.00 Filing Fee | \$130.00 Filing Fe | ∞& 🗖 \$155.0 | 00 Filing Fee & ified Copy | \$160.00 Filing of Status & Co | g Fee, Certifica ertified 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: DoctorLogic, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LEC," or "LLC." (If reson unavailable, enter alternate name adopted for the purpose of manuscring business in Florida. The alternate name mast include "Limited Liability Company Texas 46-2368038 (Jurisdiction under the law of which foreign hunted liability company is organized) 9/6/2019 6509 Windcrest Drive, Suite 170 6509 Windcrest Drive, Suite 170 (Street Address of Principal Office) (Marting Address) Plano, TX 75024 Plano, TX 75024 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 515 East Park Avenue, 2nd Floor Office Address:

Registered agent's acceptance:

Tallahassec

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.

Florida

| | (Registered agent's signature) |
|-------------|------------------------------------|
| Lim Tadlock | Capitol Corporate Services, Inc. |
| V. Z.H.L | Kim Tadlock, Asst Sec on behalf of |

| 8. | For initial indexing purp | xoses, list names, title or | r capacity and addresses | of the primary members | s/managers or persons | authorized to |
|----|-----------------------------|-----------------------------|--------------------------|------------------------|-----------------------|---------------|
| ma | nage (up to six (6) total): | | | | | |
| | | | | | | |

| Little or Capacity: | Name and Address; | Title or Capacity; | Name and Address: | | |
|---|--|---|--|--|--|
| Manager | Name: Stuard Lloyd | Manager | Name: Ray Myers | | |
| Member | Address: 850 Quail Rise | ☐ Member | Address: 5605 Champion Drive | | |
| Authorized | Fairview, TX 75069 | ☐ Authorized | Mano, TX 75093 | | |
| Person | - | Person | DEC. | | |
| Other | Oxher | Other | Other | | |
| ☐ Manager | Name: StrategySearch, Inc. Address: 6509 Windcrest Drive, Stc. 170 | ☐ Manager | Name: | | |
| Authorized | Plano, TX 75024 | ☐ Authorized | | | |
| Person | Stuart Lloyd, CEO | Person | | | |
| Other | Other | Other | Other | | |
| Manager | Name: | ☐ Manager | Name: | | |
| Member | Address: | ☐ Member | Address: | | |
| Authorized | | Authorized | | | |
| Person | | Person | | | |
| Other | Other | Other | Other | | |
| indexed individuals 9. Attached is a cer | Ise an attachment to report more than six (6). The may be added to the index when filing your Flottificate of existence, no more than 90 days old, do he law of which it is organized. (If the certificate ist be submitted) | rida Department of State July authenticated by the | Annual Report form. official having custody of records in the | | |
| 10. This document submitted in a docu | is executed in accordance with section 605,0203 ment to the Department of State constitutes a thin | (1) (b), Florida Statutes, d degree felony as anythic | ap aware that any false information of for in s.817.155, F.S. | | |
| Signature of an authorized porson | | | | | |
| | Stuart Lloyd, Manager | rizand name of signee | | | |
| | t yped or | AND THE PARTY | | | |

Corporations Section P O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Secretary of State

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 DoctorLogic, LLC (file number 801740013), a Domestic Limited Liability Company (LLC), was filed in this office on February 25, 2013.

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

2019 DEC TO PM 4: 47

SECREPTOR OF STATE
TALL AHASSEE, FLORIDA

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 10, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State