

MI90000012083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

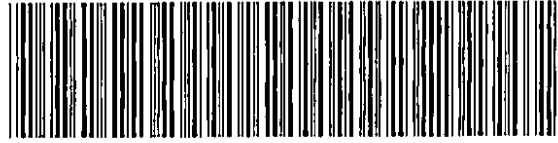
(Business Entity Name)

(Document Number)

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2019 DEC 19 PM 4:51  
TALLAHASSEE, FLORIDA

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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/18/2019

Name: Marcel Ogbonna-Amu

Reference #: 1144691

Entity Name: COREDIAL LLC

TALLAHASSEE, FLORIDA  
2019 DEC 19 PM 4:51  
1144691

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

Authorized Amount: \$125.00

Signature: 

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CoreDial, 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:

Warren Barratt

Name of Person

CoreDial, LLC

Firm/Company

751 Arbor Way Hillcrest 1, Suite 150

Address

Blue Bell, PA 19422

City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Herlache

Name of Contact Person

at ( 800 )

Area Code

483-1140

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CoreDial, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 03-0566485  
(FEI number, if applicable)
4. Upon Filing  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 751 Arbor Way Hillcrest 1, Suite 150  
(Street Address of Principal Office)
- Blue Bell, PA  
19422
6. 751 Arbor Way Hillcrest 1, Suite 150  
(Mailing Address)
- Blue Bell, PA  
19422

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(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.

Amada Henache  
(Registered agent's signature)

<p><b><u>Title or Capacity:</u></b></p> <p><input type="checkbox"/> Manager      Name: <u>Alan Rihm</u></p> <p><input checked="" type="checkbox"/> Member      Address: <u>751 Arbor Way Hillcrest 1, Suite 150</u></p> <p><input type="checkbox"/> Authorized      <u>Blue Bell, PA</u></p> <p>Person      <u>19422</u></p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized      _____</p> <p>Person      _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized      _____</p> <p>Person      _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p><b><u>Title or Capacity:</u></b></p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized      _____</p> <p>Person      _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized      _____</p> <p>Person      _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized      _____</p> <p>Person      _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>
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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.

Typed or printed name of tipster