

mao 000000302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

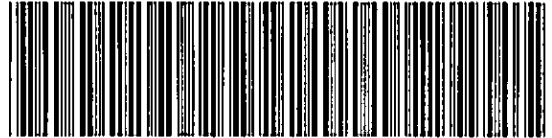
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/09/19--01026--027 **125.00

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2019 DEC -9 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMAY

JAN 08 2020

ORION STATE LICENSING, INC.

December 4, 2019

VIA FEDEX COURIER

Attn: Division of Corporations
Registration Section Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
850-245-6051

RE: LOGICOLL, LLC
New Application for Certificate of Authority

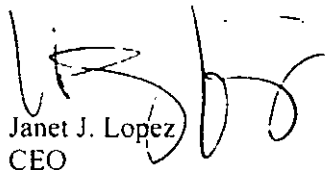
Dear Sir or Madam:

Enclosed please find herewith for filing, the following documents on behalf of the above-referenced entity:

1. Company check # 9098 attached in the amount of \$125.00 made payable to "Florida Secretary of State" for filing fee.
2. Foreign Registration Statement
3. Certificate of Existence Dated 11-25-2019

Thank you for your assistance in this matter. If you have any questions or require further information in order to process this request, please do not hesitate to contact me at (888) 315-0805 or by email at janet@oriolicensing.com.

Very truly yours,
ORION STATE LICENSING, INC.


Janet J. Lopez
CEO

Enclosures
JJL:mg12042019

Tel (888) 315-0805 Fax (888) 315-0806 email JANET@ORIONLICENSING.COM
15615 ALTON PARKWAY, SUITE 450, IRVINE, CALIFORNIA 92618

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOGICOLL, 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:

Steven Fuernstahl

Name of Person

Logicoll, LLC

Firm/Company

810 Springer Drive

Address

Lombard, IL 60148

City/State and Zip Code

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

For further information concerning this matter, please call:

Steven Fuernstahl

Name of Contact Person

at (866)

Area Code

724 2330

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. LOGICOLL, 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. 84-3393990

(FEI number, if applicable)

4. 10/16/2019

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 810 Springer Drive, Lombard, IL 60148

(Street Address of Principal Office)

6. 810 Springer Drive, Lombard, IL 60148

(Mailing Address)

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

Name: URS AGENTS, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee

(City)

Florida 32312

(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.

Kathy Clark
(Registered agent's signature)

Kathy Clark, Assistant Secretary

CLERK OF STATE
TALLAHASSEE, FLORIDA

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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: Michael Slotky

☐ Member Address: 650 Dundee Road, Suite 370

☐ Authorized Northbrook IL 60062

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Steven Fuernstahl

☐ Member Address: 810 Springer Drive

☒ Authorized Lombard, IL 60148

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Ronni Majewski

☐ Member Address: 810 Springer Drive

☒ Authorized Lombard, IL 60148

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

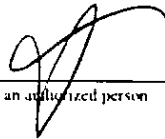
☐ Other _____ ☐ Other _____

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.

Michael Slotky, Manager


Signature of an authorized person

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOGICOLL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOGICOLL, LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7657627 8300

SR# 20198288083

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204081180

Date: 11-25-19