

My000010287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

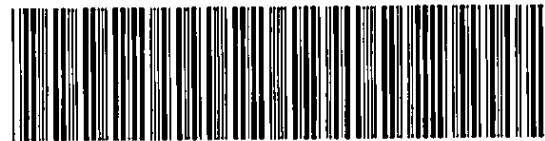
(Business Entity Name)

(Document Number)

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CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/12/2020
Acc#I20160000072

encl DSF

Name:	APPLIED LOGIC CAPITAL MANAGEMENT, LLC
Document #:	
Order #:	13348940

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
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Apostille/Notarial Certification:	<input type="checkbox"/>	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ **155.00**

Thank you!

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. Applied Logic Capital Management, L.L.C.

(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. 85-3326864

(FEI number, if applicable)

4.

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

5. 10205 Collins Avenue, Penthouse 4 and 6

(Street Address of Principal Office)

6. Bal Harbour, Florida 33154

(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

33324

(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.

By: C T Corporation System

(Registered agent's signature)

Rose Song, Assistant Secretary

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Adam E. Gordon</u> <u>10205 Collins Avenue</u>	<input type="checkbox"/> Manager	Name: <u>Larry Chachkes</u> <u>116 South 20th Avenue</u>
<input type="checkbox"/> Member	Address: <u>Penthouse 4 & 6</u> <u>Bal Harbour, FL 33154</u>	<input type="checkbox"/> Member	Address: <u>Longport, NJ 08403</u>
<input type="checkbox"/> Authorized	<u>_____</u>	<input type="checkbox"/> Authorized	<u>_____</u>
Person	<u>_____</u>	Person	<u>_____</u>
<input checked="" type="checkbox"/> Other	<u>Managing Member</u> <input type="checkbox"/> Other <u>_____</u>	<input checked="" type="checkbox"/> Other	<u>Managing Member</u> <input type="checkbox"/> Other <u>_____</u>
<input type="checkbox"/> Manager	Name: <u>_____</u>	<input type="checkbox"/> Manager	Name: <u>_____</u>
<input type="checkbox"/> Member	Address: <u>_____</u>	<input type="checkbox"/> Member	Address: <u>_____</u>
<input type="checkbox"/> Authorized	<u>_____</u>	<input type="checkbox"/> Authorized	<u>_____</u>
Person	<u>_____</u>	Person	<u>_____</u>
<input type="checkbox"/> Other	<u>_____</u>	<input type="checkbox"/> Other	<u>_____</u>
<input type="checkbox"/> Manager	Name: <u>_____</u>	<input type="checkbox"/> Manager	Name: <u>_____</u>
<input type="checkbox"/> Member	Address: <u>_____</u>	<input type="checkbox"/> Member	Address: <u>_____</u>
<input type="checkbox"/> Authorized	<u>_____</u>	<input type="checkbox"/> Authorized	<u>_____</u>
Person	<u>_____</u>	Person	<u>_____</u>
<input type="checkbox"/> Other	<u>_____</u>	<input type="checkbox"/> Other	<u>_____</u>

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.

Stephanie B. Senzer

Signature of an authorized person

Stephanie G. Senzer, Esq., Authorized Person

Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "APPLIED LOGIC CAPITAL MANAGEMENT, 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 ELEVENTH DAY OF NOVEMBER, A.D. 2020.
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.



Jeffrey W. Bullock, Secretary of State

3404083 8300

SR# 20208340908

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

Authentication: 204054799

Date: 11-11-20