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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

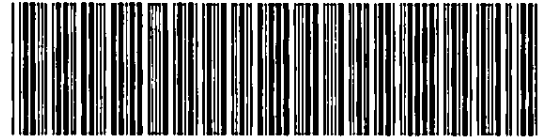
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2023 JAN 3 11:13

S. FRANKLIN

JAN - 6 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT Virtual-Logix 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:

R. Pete Bednarzyk
Name of Person
Virtual-Logix LLC
Firm/Company
3912 Ashford Trail NE
Address
Brookhaven, Georgia 30319
City/State and Zip Code
pbednarzyk@virtual-logix.com
E-mail address: (to be used for future annual report notification)

2013
-3
F17:13

For further information concerning this matter, please call:

R Pete Bednarzyk at (407) 340-9294
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Virtual-Logix 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. State of Georgia (Jurisdiction under the law of which foreign limited liability company is organized)
3. 92-1031118 (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. 3912 Ashford Trail NE
(Street Address of Principal Office)
Brookhaven, GA 30319

6. 3912 Ashford Trail NE
(Mailing Address)
Brookhaven, GA 30319

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


Name: Dr. John Armstrong

Office Address: 708 Kingston Court
Apollo Beach, Florida 33572
(City) (Zip code)

2/25
-3 p. 7:13

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.


(Registered agent's signature)

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: **Manager** Name: Charles Armstrong - SVP
 Member Address: 200 Manufacturers RD # 414
 Authorized Chattanooga, TN 37405
 Person _____
 Other _____ **Other** _____

Title or Capacity: **Manager** Name: Dr. John Armstrong - CMO
 Member Address: 708 Kingston Ct
 Authorized Apollo Beach, FL 33572
 Person _____
 Other _____ **Other** _____

Manager Name: Ken Bonning-SVP
 Member Address: 1807 East Bristlecone Dr
 Authorized Hartland, WI 53029
 Person _____
 Other _____ **Other** _____

Manager Name: Ronald Peter Bednarzyk - SVP
 Member Address: 3912 Ashford Trail NE
 Authorized Brookhaven, GA 30319
 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.



 Signature of an authorized person

Ronald Peter Bednarzyk

 Typed or printed name of signer

2023-1-3 11:13

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Virtual-Logix LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24103620
Date Inc/Auth/Filed: 11/04/2022
Jurisdiction : Georgia
Print Date : 12/27/2022
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2022

R PETE BEDNARZYK
3912 ASHFORD TRAIL NE
BROOKHAVEN, GA 30319 US

SUBJECT: VIRTUAL-LOGIX LLC
Ref. Number: W22000156576

We have received your document for VIRTUAL-LOGIX 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 822A00028419

*Thank you!
I have emailed
the appropriate certificate.
I Apologize for the delay!*

RECEIVED
JAN 03 2023