

FI6000002824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

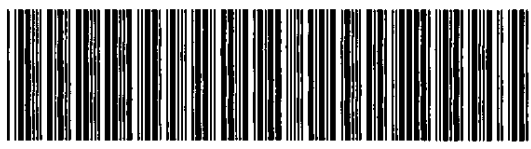
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 JUN 20 P 4: 10

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S Warren
JUN 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations
DSI-ITI, Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Angela Collins

_____	Name of Person
Cahill Gordon & Reindel LLP	
_____	Firm/Company
1990 K Street, N.W., Suite 950	
_____	Address
Washington, DC 20006	
_____	City/State and Zip code
acollins@cahill.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Hackett	703	439-1662
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

DSI-ITI, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Idaho

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

September 30, 2015 perpetual
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

12021 Sunset Hills Road, Suite 100, Reston, VA 20190

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

17888 67th Court North

Office Address: _____

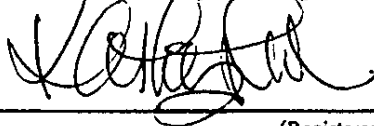
Loxahatchee

33470

_____, Florida _____
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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 Shin on behalf of InCorp Services, Inc.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: None.

Address: _____

Vice Chairman: None.

Address: _____

Director: None.

Address: _____

Director: None.

Address: _____

B. OFFICERS

President: Anthony Bambocci

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Anthony Bambocci _____

(Typed or printed name and capacity of person signing application)

FILED
MAY 20 4:10 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

DSI-JTI, INC.

File Number C-207326

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named corporation was incorporated under the laws of Idaho on 9/30/2015.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: 6/02/2016 12:12 PM



A handwritten signature in black ink, appearing to read "Lawrence Denney", written in a cursive style.

SECRETARY OF STATE

Authentic Access Idaho Document (<http://www.accessidaho.org/public/portal/authenticate.html>)
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