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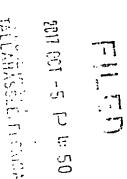
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Special Instructions to	Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sygma Point Consulting, LLC	
N	ame of Limited Liability Company
The enclosed "Application by Foreign Limited Liabili Existence, and check are submitted to register the abo	ty Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter	er to the following:
Samira Hossain	
	Name of Person
Sygma Point Consulting	
	Firm/Company
8300 Greensboro Dr, Ste L	_1-611
	Address
Tysons Corner, VA 22102	
	City/State and Zip Code
philip.hancock@sygmapoint.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please	call:
Philip Hancock	at (703) 829-5563 = 5
Name of Contact Person	Area Code 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: \$125.00 Filing Fee \$130.00 Filing Certificate of State	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

L Sygma Point Consulti					
(Name of Fore	eign Limited Liability Company; musi	t include "Limited Liab	ility Company," "L.L.C.	.," or "LLC.")	 -
(If name unavailable, enter al Liability Company," "L.L.C.	hernate name adopted for the purpose " or "LLC.")	of transacting business	in Florida. The alternat	e name must ir	relude "Limited
_{2.} Virginia		3. 81-2816750			
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applied	cable)	
4	(Date first transacted busines	ss in Florida, if prior to	registration.)		
	(See sections 605.0904 & 605.0	0905, F.S. to determine	penalty liability)		
5. 8300 Greensboro Dr	, Ste L1-611				
Tysons Corner, VA 2	2102				
	(Street Address of P	rincipal Office)			
6. 8300 Greensboro Dr.	, Ste L1-611				
Tysons Corner, VA 2	2102				
-	(Mailing A	(ddress)			
7. Name and street address	ss of Florida registered agent: (P.0	O. Box <u>NOT</u> accepta	ible)		
Name:	Northwest Registered Agent,	LLC.			
Office Address:	3030 N. Rocky Point Dr.	STE 150A			
	Tampa		, Florida 33607		
	(City)		(Zip cod	e)	
designated in this applica to complywith the provision	registered agent and to accept servetion, I hereby accept the appointments of all statutes relative to the permy position as registered.	ment as registered ag	ent and agree to act	in this cap <u>ac</u>	ity. I further agree am famili ār with an
	(Registe	ered agent's signature)			<u> </u>
8. The name, title or capa	acity and address of the person(s)	who has/have authori	ty to manage is/are:		⊑ ഗ
Samira Hossain, Pr	resident				0
Philip Hancock, Vic	e President				_
					
	of existence, no more than 90 day of which it is organized. (If the ce ubmitted)				
	Signature	of an authorized person		_ 	
This document is executed submitted in a document to	d in accordance with section 605.0 the Department of State constitut	203 (1) (b), Florida S tes a third degree felo	tatutes. I am aware th ny as provided for in:	at any false in s.817.155, F.3	iformation S.

Typed or printed name of signee

Philip Hancock, Vice President

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Sygma Point Consulting, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is May 27, 2016; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

oel H. Peck, Clerk of the Commission

October 2, 2017

ECOM ument Control Number: 1710026312