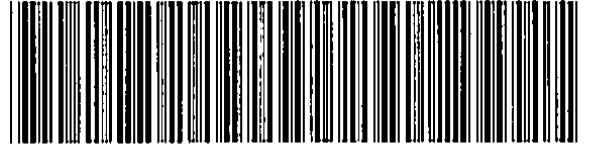


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**AUG 26 2019**

**FILED**  
2019 AUG 27 PM 4: 23  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**Y SCOTT**

**SEP 04 2019**



(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

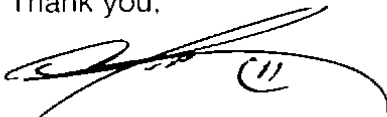
August 16, 2019

Florida Department of State  
Division of Corporations- Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom it May Concern.

Please find the following application, certificate of existence and check to register H3O Labs, LLC as a foreign limited liability company in order to transact business in the state of Florida.

Please don't hesitate to reach out should you have any questions.  
Thank you.



Casey Stiehm, Senior VP and CTO  
H3O Labs, LLC  
cstiehm@h3olabs.com  
703-261-9723

FILED  
2019 AUG 27 PM 4:23  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: H30 Labs, 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:

Casey Stiehm  
Name of Person

H30 Labs, LLC  
Firm/Company

2972 Covington Square Way  
Address

Fairfax, VA 22031  
City/State and Zip Code

Cstiehm@h30labs.com  
E-mail address: (to be used for future annual report notification)

2019 AUG 27 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Shannon Sights at ( 703 ) 261-9736  
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:

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. H30 Labs, 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. Virginia  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. June 24, 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2972 Covington Square Way  
(Street Address of Principal Office)

6. 2972 Covington Square Way  
(Mailing Address)

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

Fairfax, VA 22031

Fairfax VA 22031

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

Name: REGISTERED AGENTS INC.

Office Address: 7901 4TH ST N STE 300

ST PETERSBURG Florida 33702  
(City) (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.

Bill Hume

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]:

Title or Capacity: Name and Address:

Manager Name: Hannia Hernandez

Member Address: \_\_\_\_\_

Authorized 2972 Covington Square Way

Person Fairfax, VA 22031

Other CEO  Other \_\_\_\_\_

Title or Capacity: Name and Address:

Manager Name: Casey Stenm

Member Address: \_\_\_\_\_

Authorized 2972 Covington Sq

Person Fairfax, VA 22031

Other Sc VP & CEO  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

2019 AUG 27 PM 4: 23  
 TALLAHASSEE, FLORIDA  
 STATE  
 DEPARTMENT OF  
 REVENUE

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

CLARENCE STIEHM  
 \_\_\_\_\_  
 Typed or printed name of signer

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

*I Certify the Following from the Records of the Commission:*

That H3O Labs LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

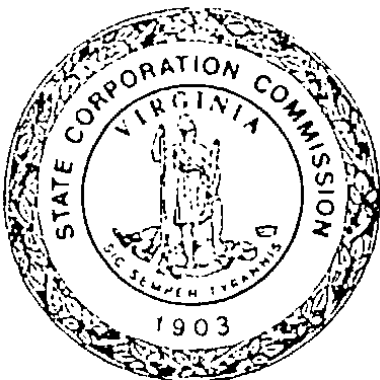
That the date of its organization is October 12, 2017; and

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.

2019 AUG 27 10:44:23  
STATE CLERK  
TALLAHASSEE, FLORIDA

*Signed and Sealed at Richmond on this Date:  
August 6, 2019*



*Joel H. Peck*  
Joel H. Peck, Clerk of the Commission