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· PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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# **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Blethen Corporation		
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
	ADDITIONAL COFF REQUIRED	
FROM: Tricia Olsen  Name (Printed or typed)		
6420 Grovedale Drive Suite 300 Address		
Alexandria, VA 22310 City, State & Zip		
703-924-0474  Daytime Telephone number		
tolsen@techsystemsinc.net E-mail address: (to be used for future annual report notification)		

NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2012

TRICIA OLSEN 6420 GROVELAND DR SUITE 300 ALEXANDRIA, VA 22310

SUBJECT: BLETHEN CORPORATION

Ref. Number: W12000050846

We have received your document for BLETHEN CORPORATION and would check(s) totaling \$70.00. However, the enclosed document has not been tiled and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name 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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 812A00024581

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# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2012

TRICIA OLSEN 6420 GROVELAND DR SUITE 300 ALEXANDRIA, VA 22310

SUBJECT: TECH SYSTEMS OF VIRGINIA

Ref. Number: W12000050846

We have received your document for TECH SYSTEMS OF VIRGINIA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 812A00024581

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I Blethen Corporation The name of the corporation shall be: PRINCIPAL OFFICE Principal street address Mailing address, if different is: 6420 Grovedale Drive Suite 300 Alexandria, VA 22310 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Government Contractor. ARTICLE IV SHARES The number of shares of stock is: 500 INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Nancy Blethen, President and CEO Name and Title: Address: 6420 Grovedale Drive \_ Address: Suite 300 Alexandria VA 22310 Name and Title: Christopher Blethen, Officer Name and Title: Address: 6420 Grovedale Drive Address: Suite 300 Alexandria, VA 22310 Name and Title: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Ludovic Baudoin d'Ajoux Address: 14447 Tranquility Creek Jacksonville FL 32226 ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Nancy Blethen CIT Address: 6420 Grovedale Drive Suite 300 Alexandria, VA 22310 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, fam familiar with and accept the applipment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817,155, F.S. Required Signature/Incorporator