# B1200000114

(Requestor's Name)					
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
PICK-UP	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status	_			
Special Instructions to Filing Officer:					
JUN 0 5 2012					
L. SELLERS					
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SECRETARY OF STATE
ALL AHASSEF FLORIO

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

SUBJECT: D'Artagnan Consulting, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

John A. A. Opio	ola		
D'Artagnan Cor			
	Firm/Company		
2414 Bugle Lar			
	Address	···	
Reston, VA 20	191		
Ci			
jack.opiola@mad	c.com		
	sed for future annual repor	t notification)	
For further information co	oncerning this matter, pleas	se call:	
John A. A. Opio	ola	at (703) 3	8100-18
Name of Contact Person		Area Code and Daytime Telephone Number	
Enclosed is a check for th	e following amount:		
□ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	□ \$1,008.75 Filing Fees and Certificate of Status	☐ \$1,052.50 Filing Fees and Certified Copy	#\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327	

Tallahassee, FL 32314

### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

<sub>I.</sub> D'Artagnan Consulting, LP				
(Name of Limited Partnership or Limited I Acceptable Limited Partnership suffixes: Limited Part Acceptable Limited Liability Limited Partnership suffice.				
If name unavailable, name under which the limited pa	artnership or limited liability limited partnership lorida; must contain acceptable suffix.	proposes to register to transact		
<sub>2.</sub> Delaware	<sub>3.</sub> May 4, 2011			
State or Country of Formation	Date of Formati	on		
4. Federal Employer Identification Number: 45-20	066281			
5. Name of Registered Agent for Service of Process John A. A. Opiola				
2292 B Hampshire Way				
Tallahassee, FL 32309				
6. I hereby accept the appointment as registered agent of all statutes relative to the proper and complete party position as registered agent.  Sig				
7. Principal Office:	8. Mailing Address:			
D'Artagnan Consulting, LP	D'Artagnan Consulting, l	D'Artagnan Consulting, LP		
2414 Bugle Lane	2292 B Hampshire Way			
Reston, VA 20191	Tallahassee, FL 32309	<del></del> -		
9. If limited partnership is a limited liability limited	i partnership, check box .			
10. Name, principal office address, and mailing add				
Name of General Partner: John A. A. Opi	ola Name of General Partner:			
Street Address: 2414 Bugle Lane	Street Address:			
Reston, VA 20191		12 SE		
Mailing Address: same as above	Mailing Address:	JUN-5 LAHASS		
Name of General Partner:	Name of General Partner:	mg <b>a m</b>		
Street Address:	Street Address:	D STATE FLORIDA		
Mailing Address:	Mailing Address:			

Name of General Partner		1 of 2 Name of General Partner:
Street Address:		
Mailing Address:		Mailing Address:
11. <b>Effective date, if other than the</b> (Effective date cannot be prior to no	e date of filing: r more than 90 days after the da	te this document is filed by the Florida Department of State.)
		than 90 days prior to the delivery of this application to the label having custody of the entity's records in the jurisdiction under
Signed this	day of June	
	Signature of a	general partner
		in are true and the individual is aware that false information d degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (o Certificate of Sta	ptional): \$52.5	

Page 2 of 2

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "D'ARTAGNAN CONSULTING, LLP" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID GENERAL

PARTNERSHIP IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "D'ARTAGNAN CONSULTING, LLP" WAS FORMED ON THE FOURTH DAY OF MAY, A.D. 2011.

4977996 8300

120688989

AUTHENTICATION: 9611423

DATE: 06-01-12

You may verify this certificate online at corp.delaware.gov/authver.shtml