

# F010000066455

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Government Solutions, Inc.  
(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", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

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-12/17/01--01065--015  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Please return all correspondence concerning this matter to the following:

Alex Weekes  
(Name of Person)  
Government Solutions, Inc.  
(Firm/Company)  
112 Strawberry Hill, Suite 4  
(Address)  
Stamford, CT 06902  
(City/State and Zip code)

For further information concerning this matter, please call:

Alex Weekes at ( 703 ) 323-3351  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

mtu  
12/19

**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.

1. Government Solutions, Incorporated  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Connecticut 3. 06-15682166  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 2000 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. January 1, 2002 upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 112 Strawberry Hill Ave., Suite G Stamford, CT 06902  
(Principal office address)
- Same as above  
(Current mailing address)

8. To conduct accounting and consulting work  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Ms. Julie Mathis

Office Address: 23515 Dawn Ave.

Port Charlotte, Florida 33954  
(City) (Zip code)

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10. 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.*

Julie C. Mathis  
(Registered agent's signature)

11. 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.

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

A. DIRECTORS

Chairman: Alex P. Weekes

Address: 112 Strawberry Hill Ave., Suite 6  
Stamford, CT 06902

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

President: Alex P. Weekes

Address: Same as above

Vice President: Mark Lomanto

Address: 249 Norsum Dr.  
Langhorne Pennsylvania,

Secretary: \_\_\_\_\_

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

Treasurer: Alex P. Weekes Sr.

Address: RT. 3 Twin Mt., N.H. 03595

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

13. A.P. Weekes  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Alex P. Weekes, Chairman  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,  
and keeper of the seal thereof, DO HEREBY CERTIFY, that

GOVERNMENT SOLUTIONS, INC.

incorporated under the laws of Connecticut is in existence.

  
Secretary of the State

Date Issued: November 30, 2001

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA