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(City/State/Zip/Phone #)

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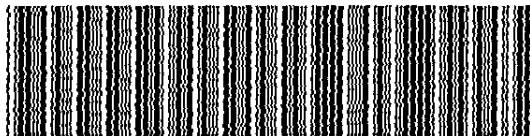
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAY 30 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATIVE SOLUTIONS INTERNATIONAL, 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.

Please return all correspondence concerning this matter to the following:

SHIRLEY SMITH, CONTROLLER
(Name of Person)
INNOVATIVE SOLUTIONS INTERNATIONAL, INC.
(Firm/Company)
1608 SPRING HILL ROAD, STE 200
(Address)
VIENNA, VA 22182
(City/State and Zip code)

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For further information concerning this matter, please call:

SHIRLEY SMITH at (703) 883-8088 ext 130
(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

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

**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. INNOVATIVE SOLUTIONS INTERNATIONAL, INC.
(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. VIRGINIA 3. 54-1695772
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JANUARY 1994 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

* NO ACTUAL BUSINESS IS TRANSACTED - CO. EMPLOYS A TELECOMMUTING
6. EMPLOYE EFFECTIVE JAN 01, 2003
(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. 1608 SPRING HILL RD, STE 200, VIENNA, VA 22182
(Principal office address)

SAME AS LINE 7.
(Current mailing address)

8. EMPLOY TELECOMMUTING EMPLOYEE
(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: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida 32301
(City) (Zip code)

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.

NRAI Services, Inc.

By: Lisa Reeves
(Registered agent's signature)

Lisa Reeves, Asst Secretary

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.

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

A. DIRECTORS (See attached)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS (See Attached)

President: _____

Address: _____

Vice President: _____

Address: _____

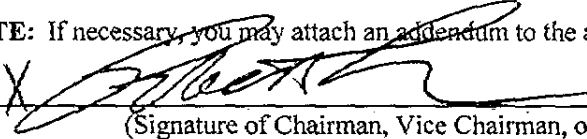
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Robert Hoh, President _____
(Typed or printed name and capacity of person signing application)

INNOVATIVE SOLUTIONS INT'L, INC.

2003 SCC ANNUAL REPORT INFO

<u>Name</u>	<u>Address</u>	<u>Officer Title/Position</u>
Robert Loh	P.O. Box 9445, McLean, VA 22102	President / Treasurer/ Director
Philomena Loh	P.O. Box 9445, McLean, VA 22102	Secretary / Director
Dieter Guenter	4308 Kenwyn Court, Annandale, VA 22003	Director
Richard Cole	10009 Spring Lake Terrace, Fairfax, VA 22030	Director
James Hauhart	P.O. Box 1851, Alexandria, VA 22313	Director

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Commonwealth of Virginia



State Corporation Commission

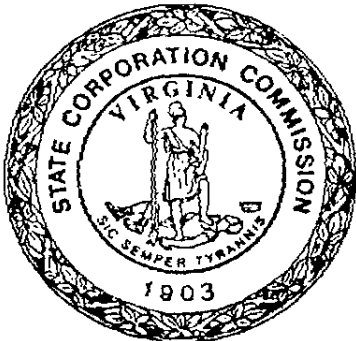
I Certify the Following from the Records of the Commission:

INNOVATIVE SOLUTIONS INTERNATIONAL, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is January 19, 1994.

Nothing more is hereby certified.

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*Signed and Sealed at Richmond on this Date:
April 17, 2003*

Joel H. Peck

Joel H. Peck, Clerk of the Commission