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SECHETARY OF STATE

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COVER LETTER

TO: **New Filing Section Division of Corporations** By Light Professional IT Services,
(Name of corporation - must include suffix)

TUC 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: (Name of Person)

Light Professional 17 Services, In.

(Firm/Company)

Lington Blue, Sulte850

(Address)

(Address)

Lington, UA

22201 For further information concerning this matter, please call: Name of Person) at (703) 224-1000 X300 (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: **MAILING ADDRESS: New Filing Section** New Filing Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: \$70.00 Filing Fee □\$78.75 Filing Fee & □ \$78.75 Filing Fee & □\$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy



December 18, 2009

JOHN SOUTH 3101 WILSON BLVD, STE 850 ARLINGTON, VA 22201

SUBJECT: BY LIGHT, PROFESSIONAL IT SERVICES, INC.

Ref. Number: W09000054900

We have received your document for BY LIGHT, PROFESSIONAL IT SERVICES, INC. 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of 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) 245-6962.

Letter Number: 809A00038590

Valerie Herring Regulatory Specialist II New Filing Section

Division of Corporations - P.O. BOX 6327 - Tallahassoa, Florida 32314

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.
, By Light Protessional IT Services, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>Virsinia</u> 3. 74-30688/2
(State or country under the law of which it is incorporated) [FEI number, if applicable]
4. (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Tear corp. will cease to exist of perpetual)
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
(Principal office address) (Principal office address)
7. 3/01 Wilson Blud, Suite 850. Arluston. (Principal office address) UA 2220/ 3/01 Wilson Blud, Suite 850, Arluston, VA 2220/
(Current mailing address)
8. All laurful business Egg 5
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Jimule D. Sitter
Name: Itante D. Sitter Office Address: U302 Leprechain Dive
Riverview, Florida 33569 (City) (Zip code)
(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.
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:

•		*	10 JAN -5 PM 4: 23
directors	1 1		0 111 d' 5/4
hairman: Robert -	-1. Destan	re dr.	SECRETARY CONTROL STATE
ddress: Swi wil	son Blue	29 2410S	CICAMASSEE, FLORIDA
Arlington	VA 2	7055.	
ce Chairman:		<u> </u>	
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OTE: If recessary, you may attach a	n addendum to the applic	cation listing additional o	fficers and/or directors.
*/Kunt/line		_	
(Signature of Dis	rector or Officer listed in	number 12 of the applica	ation)
Robert	I. Durah.	ve, IV.	
(Typed or prin	ted name and capacity of	person signing application	ວຄ)

Commonwealth of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

By Light, Professional IT Services, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is November 27, 2002.

Nothing more is hereby certified.

FILED

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SECRETATE OF STATE ALARIDA



Signed and Sealed at Richmond on this Date: December 4, 2009

Joel H. Peck, Clerk of the Commission