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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Visual Analytics Inc.	
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	tter to the following:
Milo Hartley	
	of Person
Visual Analytics Inc.	
Firm/C	Company
50 Citizens Way, Suite 202	
Ac	ddress
Frederick, MD 21701	
City/Star	te and Zip code
info@visualanalytics.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	se call:
Milo Hartley at (240	\ 215-6654
	ea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: \$\text{\$\frac{1}{2}\$70.00 Filing Fee}\$ \text{\$\frac{1}{2}\$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.

	JAL ANALYTICS INCORPORATED		" "COMPANIU" "CORPORATION"		
	r name of corporation; must include "JNCORPORAT " "Co.," "Corp," "Inc," "Co," or "Corp.")	ΓED,	" "COMPANY," "CORPORATION,"		
me.,	co., corp, me, co, or corp.				
(If no	me unavailable in Florida, enter alternate corporate n	oma	adopted for the number of transacting h	usiness in Flori	da)
`	•			72111622 III L.1011	ua)
2. Mary			52-2117826		
(State	or country under the law of which it is incorporated)	I	(FEI number, if applical	ole)	
4. July	[,] 27, 1998	5.	Perpetual		
	(Date of incorporation)	_	(Duration: Year corp. will cease to exist or "perpetual")		
6.					
0	(Date first transacted busin	ess i	n Florida, if prior to registration)		
			502, F.S., to determine penalty liability)		
7, 50 C	Citizens Way, Suite 202, Frederick	, M	D 21701		
	(Principal office				_
50 0	Citizens Way, Suite 202, Frederi	ck.	MD 21701		
	(Current mailing				
8.					
	(Purpose(s) of corporation authorized in home state	or co	ountry to be carried out in state of Florida	a)	
9. Name	e and street address of Florida registered agent:	(P.C	D. Box NOT acceptable)	D (c)	
	Name: Frin M. CAN			12 x	ection by the state of
			<u></u>		CL EVANCE D
Office A	Address: 1505, Manager S	נגב	RAD	SS AN	
	Tallahasse		, Florida <u>3230 </u>		
	(City)		(Zip code)	F []	
				<u> </u>	_
	gistered agent's acceptance:		ice of muccess for the above stated as		ha niae

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: A. DIRECTORS Chairman: ___ Address: Vice Chairman: Address: ___ Director: Address: ____ Address: ___ **B. OFFICERS** President: DAVID O'CONNOR Address: 50 CITIZENS WAY, SUITE 202 FREDERICK, MD 21701 Vice President: Address: Secretary: CHRISTOPHER WESTPHAL Address: 50 CITIZENS WAY, SUITE 202 FREDERICK, MD 21701 Treasurer: Address: NOTE: Lenguessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. CHRISTOPHER WESTPHAL, CEO

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT VISUAL ANALYTICS INCORPORATED, INCORPORATED JULY 27, 1998, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 13, 2012.

Paul B. Anderson Charter Division

Faul B. Under

SUNEDWAY TO SERVING ALLAHASSEE, FLAKING



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097