

# F12000003987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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12 SEP 27 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
9/28/12

92 115836

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** A-T 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," or "Certificate of Good Standing" 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:

CARROLL G. FOLEY

Name of Person

A-T SOLUTIONS INC.

Firm/Company

10304 SPOTSYLVANIA AVENUE, SUITE 200

Address

FREDERICKSBURG, VA 22408

City/State and Zip code

Carrollfoley@a-t-solutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARROLL G. FOLEY at ( 540 ) 373-9542, X54223

Name of Person

Area 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:

- ☒ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 5, 2012

CARROLL G. FOLEY  
A-T SOLUTIONS, INC.  
10304 SPOTSYLVANIA AVENUE, SUITE 200  
FREDERICKSBURG, VA 22408

SUBJECT: A-T SOLUTIONS, INC.  
Ref. Number: W12000045836

We have received your document for A-T SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,100.00.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 912A00022450

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. A-T SOLUTIONS, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. VIRGINIA 3. 45-0472549  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/26/2002 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 5/2008  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4400 HWY 20 EAST, SUITE 507, NICEVILLE, FL 32578  
(Principal office address)

10304 Spotsylvania AVE, STE 200, FREDERICKSBURG, VA 22409  
(Current mailing address)

8. CONSULTING WORK ON NATIONAL SECURITY ISSUES  
(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 NOT acceptable)

Name: ROBERT HAGUE

Office Address: 4400 HWY 20 EAST, SUITE 507

NICEVILLE, Florida 32578  
(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.

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12 SEP 27 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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A. DIRECTORS

Chairman: JOSEPH KAMPF

Address: 1650 TYSONS BOULEVARD, SUITE 850  
MCLEAN, VA 22102

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: SEYMOUR MOSKOWITZ

Address: 1650 TYSONS BOULEVARD, SUITE 850  
MCLEAN, VA 22102

Director: GERALD DORROS

Address: 1650 TYSONS BOULEVARD, SUITE 850  
MCLEAN, VA 22102

Director: STEVEN LEFKOWITZ

Address: 1650 TYSONS BOULEVARD, SUITE 850  
MCLEAN, VA 22102

B. OFFICERS

President: DENNIS KELLY

Address: 1934 OLD GALLOW'S ROAD, SUITE 500  
VIENNA, VA 22182

Vice President: JEFFREY SIMONS

Address: 1934 OLD GALLOW'S ROAD, SUITE 500  
VIENNA, VA 22182

Secretary: GERALD DORROS

Address: 1650 TYSONS BOULEVARD, SUITE 850, MCLEAN, VA 22102

Treasurer: DEBORAH RICCI

Address: 1934 OLD GALLOW'S ROAD, SUITE 500, VIENNA, VA 22182

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

✓ 13. Deborah Ricci, CFO

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. DEBORAH RICCI, CFO

(Typed or printed name and capacity of person signing application)

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

*I Certify the Following from the Records of the Commission:*

That A-T Solutions, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is March 26, 2002;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Signed and Sealed at Richmond on this Date:*  
*June 20, 2012*

*Joel H. Peck*

Joel H. Peck, Clerk of the Commission