

F12000004439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

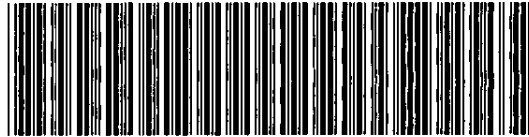
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Kevin Fay **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT add "Inc"
DATE 10/31/12
DOC. EXAM U/H

Office Use Only



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10/30/12--01019--003 **70.00

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12 OCT 30 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~10/31/12~~
V/H

ALCALDE & FAY
GOVERNMENT & PUBLIC AFFAIRS CONSULTANTS

October 12, 2012

To Whom It May Concern
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

I am pleased to enclose Alcalde & Fay Ltd.'s registration as a foreign corporation to transact business in the State of Florida. Please also find enclosed a copy of Alcalde & Fay, Ltd.'s 2012 Annual Report to the Commonwealth of Virginia's State Corporation Commission, which confirms that Alcalde & Fay, Ltd. is a corporation, despite its "Ltd." suffix.

Please do not hesitate to contact me should you have any questions or if I can provide more information. I can be reached at (703) 841-0626 or by email at fay@alcalde-fay.com.

Sincerely,



Kevin Fay
President

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Alcalde & Fay, Ltd.

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:

Kevin Fay

Name of Person

Alcalde & Fay

Firm/Company

2111 Wilson Boulevard, 8th Floor

Address

Arlington, VA 22201

City/State and Zip code

fay@alcalde-fay.com

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

For further information concerning this matter, please call:

Kevin Fay

Name of Person

at (703) 841-0626

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

**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. Alcalde & Fay, Ltd. Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Alcalde & Fay, Inc.

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

2. Virginia 3. 52-0996647
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 6, 1974 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 2111 Wilson Boulevard, 8th Floor, Arlington VA 22201
(Principal office address)

2111 Wilson Boulevard, 8th Floor, Arlington VA 22201
(Current mailing address)

8. Any and all lawful business.
(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: Jim Woodroffe

Office Address: 2805 Samara Drive

Tampa, Florida 33618
(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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TALLAHASSEE, FLORIDA

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

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A. DIRECTORS

12 OCT 30 AM 10:59

Chairman: Hector Alcalde

Address: 2111 Wilson Boulevard, 8th Floor, Arlington VA 22201

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: Kevin Fay

Address: 2111 Wilson Boulevard, 8th Floor, Arlington VA 22201

Director: Nancy Prowitt

Address: 2111 Wilson Boulevard, 8th Floor, Arlington VA 22201

B. OFFICERS

President: Kevin Fay

Address: 2111 Wilson Boulevard, 8th Floor, Arlington VA 22201

Vice President: _____

Address: _____

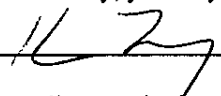
Secretary: Nancy Prowitt

Address: 2111 Wilson Boulevard, 8th Floor, Arlington VA 22201

Treasurer: _____

Address: _____

NOTE: If necessary, 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. Kevin Fay, President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212533063																
1.) CORPORATION NAME: ALCALDE & FAY, LTD.		DUE DATE: 8/31/2012																
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: HECTOR ALCALDE 2111 WILSON BLVD., #850 ARLINGTON, VA 22201		SCC ID NO: 01542414																
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY		5.) STOCK INFORMATION <table border="1"><thead><tr><th>CLASS</th><th>AUTHORIZED</th></tr></thead><tbody><tr><td>COMA</td><td>48,000</td></tr><tr><td>COMB</td><td>52,000</td></tr></tbody></table>	CLASS	AUTHORIZED	COMA	48,000	COMB	52,000										
CLASS	AUTHORIZED																	
COMA	48,000																	
COMB	52,000																	
4.) STATE OR COUNTRY OF INCORPORATION: VA																		
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2111 WILSON BOULEVARD, SUITE 850 CITY/ST/ZIP: ARLINGTON, VA 22201																		
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.																		
<table border="0"><tr><td>NAME:</td><td>KEVIN FAY</td><td><input checked="" type="checkbox"/> OFFICER</td><td><input checked="" type="checkbox"/> DIRECTOR</td></tr><tr><td>TITLE:</td><td>PRESIDENT</td><td></td><td></td></tr><tr><td>ADDRESS:</td><td>1101 INGLESIDE AVE</td><td></td><td></td></tr><tr><td>CITY/ST/ZIP/CO:</td><td>MC LEAN, VA 22101</td><td></td><td></td></tr></table>			NAME:	KEVIN FAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	TITLE:	PRESIDENT			ADDRESS:	1101 INGLESIDE AVE			CITY/ST/ZIP/CO:	MC LEAN, VA 22101		
NAME:	KEVIN FAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR															
TITLE:	PRESIDENT																	
ADDRESS:	1101 INGLESIDE AVE																	
CITY/ST/ZIP/CO:	MC LEAN, VA 22101																	
<table border="0"><tr><td>NAME:</td><td>NANCY PROWITT</td><td><input checked="" type="checkbox"/> OFFICER</td><td><input checked="" type="checkbox"/> DIRECTOR</td></tr><tr><td>TITLE:</td><td>SECRETARY</td><td></td><td></td></tr><tr><td>ADDRESS:</td><td>3749 N TAZWELL ST</td><td></td><td></td></tr><tr><td>CITY/ST/ZIP/CO:</td><td>ARLINGTON, VA 22207</td><td></td><td></td></tr></table>			NAME:	NANCY PROWITT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	TITLE:	SECRETARY			ADDRESS:	3749 N TAZWELL ST			CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	NANCY PROWITT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR															
TITLE:	SECRETARY																	
ADDRESS:	3749 N TAZWELL ST																	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207																	
<table border="0"><tr><td>NAME:</td><td>HECTOR ALCALDE</td><td><input checked="" type="checkbox"/> OFFICER</td><td><input checked="" type="checkbox"/> DIRECTOR</td></tr><tr><td>TITLE:</td><td>CHAIRMAN</td><td></td><td></td></tr><tr><td>ADDRESS:</td><td>1101 ARL RIDGE RD</td><td></td><td></td></tr><tr><td>CITY/ST/ZIP/CO:</td><td>ARLINGTON, VA 22209</td><td></td><td></td></tr></table>			NAME:	HECTOR ALCALDE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	TITLE:	CHAIRMAN			ADDRESS:	1101 ARL RIDGE RD			CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	HECTOR ALCALDE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR															
TITLE:	CHAIRMAN																	
ADDRESS:	1101 ARL RIDGE RD																	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209																	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.																		
/s/ KEVIN FAY	KEVIN FAY, PRESIDENT	8/29/2012																
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE																
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.																		

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That ALCALDE & FAY, LTD. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is August 6, 1974;

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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12 OCT 30 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Signed and Sealed at Richmond on this Date:
September 27, 2012*

Joel H. Peck
Joel H. Peck, Clerk of the Commission