Division of Corporations bartment of State **Division** of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H13000032305 3))) H130000323053ABCR Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. TO: Division of Corporations Fax Number : (850)617-6381 From Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 × - × . : (850)222-1092 Phone Fax Number : (850)878-5368 5 **Enter the email address for this business entity to be used for future ri annual report mailings. Enter only one email address please.** Email Address: I3 FEB _____ FILED FOREIGN PROFIT/NONPROFIT CORPORATION W. S. THOMPSON ASSOCIATES, INC. PH 4: 05 Certificate of Status Ð Certified Copy Õ **05** Page Count Estimated Charge \$70.00 Corporate Filing Menu Electronic Filjag Menu Help Seurch FEB 1 2 2013 https://efile.sunbiz.org/scripts/efilcovr.exe 2/11/2013 2609889998 05/11/2013 10:44 KOITAADAADO TO 50/10 39Vd

Page 1 of 1

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT:	W. S. Thompson Associates, 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 consepondence concerning this matter to the following:

Name of Person
1.5. Thompson Associates, The abo Enterprise Solutions Corour Plina Company
FiniCompany
12500 Foir Lokes Cirele, Suite 200
Address
Foinfox VA 22030
City/State and Zip code
kodonnell@e-s-g.com
E-mail address: (to be used for future annual report notification)
For fligher information concerning this matter, please call:

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:

1 \$70.00 Filing Fee S78.75 Filing Fee &

1 \$78.75 Filing Fee & Certificate of Status Certified Copy

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\$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. W. S. Thempson Associates, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

dba Enternatise Solutions Gray

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

2.	Virginia	з.	-541510325			
	(State or country under the his of which it is incorporated).		(FEI number, if applicable).		-	
·4.	12/05/1991	5.	Perpetual		_	
	(Date of incorporation)		(Duration: Year corp. will cease to exist or "	perpetual")		
6.	Upon Qualification			THE SE	1	
	(Date first transacted busines	36 Å 7.1	n Florids, if prior to registration) 102, F.S., to determine penalty liability)	CRETAR	FEB 11	FIL
	(Principal office (adid	(185)		PH	ini O
	same .					
•	(Carront and Maga	нġq	ress)		4:05	
9 -	(Parrioss(s) of comporation sufficiency in home-state of	rcc	unity to be carried out in state of Florida)		-	

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road.

Planintion , Florida <u>33324</u> (City) (Zip code)

10. Registered agont's acceptance:

Acres

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.

C T Corporation System Sustant (Registured agont's signature)

11. Attached is a certificate of existence duly anthenticated, 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:

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A. DIRECTORS	IS -						
Chaliman; _ (1). Scott Thompson	10 3						
Address: 12500 Fair Lakes CIMM, SHE 200							
FOILFAX, VA 22033							
Vice Chairman: William V. Sabo							
Address 12500 Fair Lakes Circle Ste 200	Tot fi						
Tairfap, VA, 22033	27 5						
Director: helvin Goon							
Address: 12500 Fair Lakes Cipcle Ste 200							
faiefax, VA, 22033							
Director Anthony Mirchaessnel							
Andress: 12500 fair lakos Cincle ste 200							
fairfax, VA, 22033							
B. OFFICERS							
President: Anthony Hirchorssner	······································						
Address: 18500 Foir Lakes Circle, Swite 200	<u> </u>						
Fairlax, VA 22032							
Vice President:							
Addross:							
Secretary:	·						
Address:							
Treasurer: Mathleen ODDonne II	· · · · · · · · · · · · · · · · · · ·						
AGARSSE 12500 FOUR Lakes Circle Suite 200, FURMAX VA 20	1073						
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	or directors.						
13 Matthew Douch							
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 third degree felony as provided for in s.817.155, F.S.	of State constitutes a						
14 NAthleen O Dannell . CtD							
(Typed or printed name and capacity of person signing application)	**						

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State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That W. S. Thompson Associates, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is December 5, 1991;

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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Signed and Sealed at Richmond on this Date: February 8, 2013

Joel H. Peck, Clerk of the Commission

CISECOM Document Control Number: 1302085914