

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

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**Enter the email address for this business entity to be used for fullure annual report mailings. Enter only one email address please.* E

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mail	Address:	
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FOREIGN PROFIT/NONPROFIT CORPORATION AGILITY DEFENSE & GOVERNMENT SERVICES, INC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$870.00

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6/19/2013

COVER LETTER

	Piling Se ion of Co	ction orporations				
SUBJECT:	AGILIT	y d efens e	& GOVERNME	NT 8	BRVICES INC.	
		j	Name of corpor	ation	- must include suffix	
Dear Sir or M	ladam:					
"Certificate o	f Buisten	ce," or "Cert	ign Corporation ificate of Good on to transact b	Star	ding" and check are sul	nct Business in Florida," omitted to register the
Please return	ali corres	pondence co	nceming this n	atte	to the following:	
TED HOFFM	A.N					
			Nam	e of	Person	
AGILITY DE	fense &	GOVERNME	int services,	NC		,
			Pirm/	Com	pany	
1725 DUKE 8	trbet, s	TB 450				
			A	ddre	\$ 9	
ALEXANDRI	a, va 22:	314				
			City/Str	ete a	nd Zip code	
THOPFMAN	AGILIT					
,	- · ·	B-mail a	ddress: (to be u	sed f	or future annual report	notification)
Por further in	formation	ooncerning	this matter, ple	255 0	all:	
TED HOFFM/	M		703 at (417-6000		
Name	of Perso	n		rea (Code & Daytime Teleph	one Number
New I Divisi Clifto 2661 I Tallah	Piling Secon of Con on of Con n Buildin Executive Assec, FI	rporations g Center Circ 32301	ile		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
inclosed is a c		578.75	Filing Fee & cate of Status	ø	\$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.

(Enter name of "Inc.," "Co.," "	'ENSE & GOVERNMENT SERVICES, in corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ed," "company," "corporation,"	-
(If name unavai	lable in Florida, enter alternate corporate to	ame adopted for the purpose of transacting business in Florida)	
2. DELAWARE		_3	_
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	,
4. 8/16/1989	· ·	5. N/A	
(Date	of incorporation)	(Duration: Year corp. will coase to exist or "perpetual")	_
69/1/2011			
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
7. 470 PRODUCTI	on avenue, madison, alabama :	35758	
	(Principal office	address)	5 T
5270 SHAWNE	e road, ste 200, alexandria, va 2	2312	g & ****
	(Current mailing	address)	
8, PAYROLL		గాన గాల	0
(Purpose(s	s) of corporation authorized in home state o	r country to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent:	(P.O. Box NOT acceptable)	
Name:	C T Corporation System	50.	0
Office Address:	1200 South Pine Island Road		
	Plantation	. Florida 33324	
	(City)	(Zîp code)	
Having been nam designated in this further agree to c	application, I hereby accept the appoint	ervice of process for the above stated corporation at the intment as registered agent and agree to act in this capt is relative to the proper and complete performance of n is of my position as registered agent.	acity. I
	C.T.Comportsion Statement	Marc St. Pier	TO
n	C T Corporation System	Vice President and Assist	

^{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.

13 JUN 19 AM 10: 10

12. Names and business addresses of officers and/or directors: SECRETARY OF STATE TALLAHASSEE FLORIDA A. DIRECTORS Chairman: N/A - DISMANTLED EFFECTIVE AUGUST 2011 Address: _ Vice Chairman: _____ Address: _ Address: __ Director: Address: _ B. OFFICERS President: __RICHARD BROOKS Address: 1725 DUKE STREET, STE 450 ALEXANDRIA, VA 22314 Vice President: Address: Secretary: _ Address: _ Treasurer: Address: NOTE: If necessary, you was attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The fixer 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. RICHARD BROOKS, PRESIDENT

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

Delavare

13 JUN 19 AM 10: 10

PAGE ALL AHASSEE FLORIDA

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AGILITY DEFENSE & GOVERNMENT"
SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE
OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE
EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE
SEVENTEENTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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130781564

You may vorify this certificate onlin at corp. deleware. gov/authvor.shtml

Jeffrey W. Bullock, Secretary of Sta

DATE: 06-17-13