

Division of Corporations

Page 1 of 1

**F140000005474**

**Florida Department 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.**

(((H14000296067 3)))



H140002960673ABC2

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Doing so will generate another cover sheet.**

**\*RE-SUBMIT\***

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

Please retain original filing  
date of submission 12/24

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

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
I4c Innovations Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	0607
Estimated Charge	\$70.00

DEC 30 2014

A. DUNLAP

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TALLAHASSEE FLORIDA

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Corporate Filing Menu

Help

12/29/2014 15:01:48 From: To: 8506176381

( 2/7 )

850-617-6381

12/29/2014 12:52:15 PM PAGE 1/001 Fax Server



December 29, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: I4C INNOVATIONS INC.  
REF: W14000076476

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The signature for number 12 on the application is not legible.

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

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H14000296067  
Letter Number: 514A00027314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

### COVER LETTER

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

**SUBJECT:** i4c Innovations 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at ( \_\_\_\_\_ )

\_\_\_\_\_  
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. idc innovations inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 46-2253330  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 02/28/2013 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3800 Concordo Pkwy, Suite 400, Chantilly, VA 20151  
(Principal office address)  
  
same  
(Current mailing address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
  
Name: C T Corporation System  
  
Office Address: 1200 South Pine Island Road  
  
Plantation, Florida 33324  
(City) (Zip code)
9. 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.*  
  
C T Corporation System  
By: Todd B. Proper  
(Registered agent's signature)
10. 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.

Todd B. Proper  
Vice President and Assistant Secretary

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16 DEC 24 AM 11:17  
SECRETARY OF STATE  
ALBUQUERQUE, NEW MEXICO

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

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: SEE ATTACHMENT

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12. \_\_\_\_\_

*Jeff Noe*

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.

13. Jeffrey S. Noe, President

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

14 DEC 24 AM 11:17

SECRETARY OF STATE  
DEPARTMENT OF STATE  
WASHINGTON, D.C. 20520-1201

**i4c Innovations Inc. Officers & Directors**

**Michael R. Stanfield, CEO**

**Ron Barden, CFO**

**Jeffrey S. Noce, President**

**Wendy Weinberger, Secretary**

**Neal Dittersdorf, Asst Secretary**

**Tracy Ward, Treasurer**

***Address (for all Officers/Directors):***

**3800 Concorde Pkwy. Suite 400**

**Chantilly, VA 20151**

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "I4C INNOVATIONS 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 TWENTY-THIRD DAY OF DECEMBER, A.D. 2014.

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

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

FILED  
14 DEC 24 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5281197 8300

141582156

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1987129

DATE: 12-23-14