

F15000005103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

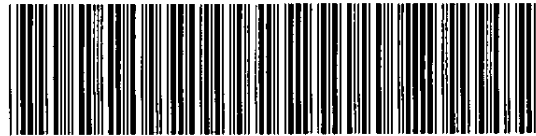
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500279177855

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 NOV 17 AM 11:05

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

2015 NOV 17 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

NOV 18 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 874495 7598947

AUTHORIZATION :

COST LIMIT : \$ 70,000

ORDER DATE : November 16, 2015

ORDER TIME : 5:0 PM

ORDER NO. : 874495-005

CUSTOMER NO: 7598947

FOREIGN FILINGS

NAME: GOVPEO, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

**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. GovPEO, 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. Delaware

(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. 7/1/2014

(Date of incorporation)
5. n/a

(Date of duration, if other than perpetual)
6. n/a

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6931 Arlington road, Suite 575, Bethesda, Maryland 20814

(Principal office address)
- n/a

(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

(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.

Corporation Service Company

By: _____

(Registered agent's signature)

Courtney Williams
Asst. Vice President

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.

FILED
2015 NOV 17 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2015 NOV 17 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: n/a
Address: _____

Vice Chairman: n/a
Address: _____

Director: Laurence Day
Address: 6931 Arlington Road, Suite 575, Bethesda, Maryland 20814

Director: n/a
Address: _____

B. OFFICERS

President: Laurence Day
Address: 6931 Arlington Road, Suite 575, Bethesda, Maryland 20814

Vice President: n/a
Address: _____

Secretary: Laurence Day
Address: 6931 Arlington Road, Suite 575, Bethesda, Maryland 20814

Treasurer: n/a
Address: _____

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

12. Laurence Day Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. President
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOVPEO, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOVPEO, INC." WAS INCORPORATED ON THE FIRST DAY OF JULY, A.D. 2014.

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

FILED
2015 NOV 17 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

5562012 8300

SR# 20150937228

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10429411

Date: 11-16-15