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(Re	equestor's Name)				
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
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COVER LETTER

TO: Registration Section Division of Corporations		
InCadence Strategic SUBJECT:	Solutions, Inc.	
Sebucci.	Name of corporation	- must include suffix
Dear Sir or Madam:		
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporate	ertificate of Good Star	Authorization to Transact Business in Florida," ading" and check are submitted to register the ss in Florida.
Please return all correspondence of Christine DeYuliis	concerning this matter	to the following:
	Name of	Person
InCadence Strategic Solutions		
10432 Balls Ford Road, Suite 120	Firm/Com	pany
	Addre	ess
Manassas, VA 20109		
accounting@incadencecorp.com	City/State a	nd Zip code
E-mail	address: (to be used f	or future annual report notification)
For further information concerning	g this matter, please o	all:
Christine DeYuliis	703 at (552-2848
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the follow	ing amount:	
-	75 Filing Fee & ificate of Status	\$78.75 Filing Fee & Sertified Copy Sertified Copy 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.

"Inc.," "Co.," "C	orporation; must include "INCORPORATED," " lorp," "Inc," "Co," or "Corp.")		
InCadence Stra	egic Solutions, Inc.		
(If name unevail	able in Florida, enter alternate corporate game ade	opted for the purpose of transacting business in Florida)	
Delaware 264		54686478	
(State or count)	(State or country under the law of which it is incorporated) (FEI number, if applic		
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)	
	(Date first transacted business in Fi	orida, if prior to registration) F.S. to determine negative liability.	
10432 Balls Ford	(SEE SECTIONS 607.1501 & 607.1502 Road, Suite 120 Manassas, VA 20109	, F.S., to determine penalty liability)	
10432 Balls Ford	(SEE SECTIONS 607.1501 & 607.1502 Road, Suite 120 Manassas, VA 20109	orida, if prior to registration) , F.S., to determine penalty liability) office address)	
10432 Balls Ford	(SEE SECTIONS 607.1501 & 607.1502 Road, Suite 120 Manassas, VA 20109 (Principal	F.S., to determine penalty liability)	
	(SEE SECTIONS 607.1501 & 607.1502 Road, Suite 120 Manassas, VA 20109 (Principal (Current mailing a	office address)	
Name and sing	(SEE SECTIONS 607.1501 & 607.1502 Road, Suite 120 Manassas, VA 20109 (Principal	office address)	
Name and sing	(SEE SECTIONS 607.1501 & 607.1502 Road, Suite 120 Manassas, VA 20109 (Principal (Current mailing a	.F.S., to determine penalty liability) office address) iddress, if different) Box NOT acceptable)	
Name and stre	(SEE SECTIONS 607.1501 & 607.1502 Road, Suite 120 Manassas, VA 20109 (Principal (Current mailing a set address of Florida registered agent: (P.O.) Corporation Service Company (CSC)	.F.S., to determine penalty liability) office address) iddress, if different) Box NOT acceptable)	

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.

Mailou Her, Assist VP
(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.

	s and business addresses of officers and/or directors:	
A. DIREC	CTORS Allan Danis	2016 APR 11 Ph 2:0
Chairman:	0432 Balls Ford Road, Suite 120	5, ° 1,
Address: _	fanassas, VA 20109	MINGTON
Kentue	Sandra Corbett (CEO)	
Vice Chairn	nan:	
Address: _	Ianassas, VA 20109	
	ianassas, VA 20107	
Director: _		
Address: _		
_		
Director: _		
Address: _		
B. OFFIC	CERS	
	Anthony Jasso	
i	0432 Balls Ford Road, Suite 120	
	Manassas, VA 20109	· · · · · · · · · · · · · · · · · · ·
Vice Preside	ent:	
Secretary:		
		·
NOTE: If	necessary, you may attach an addendum to the application listing a	additional officers and/or directors.
12.	Signature of Director or Officer	
are true and	or director signing this document (and who is listed in number 11 d that he or she is aware that false information submitted in a document felony as provided for in s.817.155, F.S.	
13. <u> </u>	Bandra K. Corbett, Founder &	CEO
·	(Typed or printed name and capacity of person signir	ng application)



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INCADENCE STRATEGIC SOLUTIONS

CORPORATION" 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

THIRTY-FIRST DAY OF MARCH, A.D. 2016.





Authentication: 202075268

Date: 03-31-16