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FOREIGN PROFIT/NONPROFIT CORPORATION
David Orr Associates, Inc.

Certificate of Status	0
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4/18/2018

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2018-05-10 14:28:08 CST
RE	David Orr Associates, Inc.

COVER MESSAGE

Constance Batson
Associate Fulfillment Specialist
CT Corporation

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**Wolters Kluwer**

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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. DAVID ORR ASSOCIATES, 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. Virginia 3. 54-1453589
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/07/1988 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 5-2-18
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)

7. 11180 SUNRISE VALLEY DRIVE STE 200 RESTON VA20191
(Principal office address)
(Current mailing address, if different)

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: Christine Keim
(Registered agent's signature) Assistant Secretary

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.

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

A. DIRECTORSChairman: David OrrAddress: 198 Falcon Ridge Road Great Falls, VA 20166

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: Scott SiegelAddress: 12700 Autumn Crest DriveOak Hill, VA 20171Vice President: Mary OrrAddress: 198 Falcon Ridge RoadGreat Falls, VA 20166

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. 
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. Scott Siegel, President
(Typed or printed name and capacity of person signing application)

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That DAVID ORR ASSOCIATES, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is March 7, 1988;

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.



Signed and Sealed at Richmond on this Date:
May 10, 2018

Joel H. Peck

Joel H. Peck, Clerk of the Commission