F18000005127

(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: TELEPHOND CAN W/ GEGILERA MCLLUNG PROVIDED ALTERNACE ENLY WARDS SLAFF 11/8/18 /! W/M

W18000095203

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2018

CMAC, INC. GEORGIA MCCLURE 11625 RAINWATER DRIVE, SUITE 250 ALPHRETTA, GA 30009 US

SUBJECT: CMAC, INC.

Ref. Number: W18000095203

We have received your document for CMAC, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00022289

Sterling R Abney Regulatory Specialist II

≘

2018 NO"

www.sunbiz.org

COVER LETTER

TO:	CO: Registration Section Division of Corporations		
SUBJ	ECT: CMAC, Inc	corporated	
	ECT: CMAC, In C	- must include suffix	
Dear S	Sir or Madam:		
"Certif	nclosed "Application by Foreign Corporation for A ficate of Existence," or "Certificate of Good Stan- referenced foreign corporation to transact busines	ding" and check are submitted to register the	
Please	return all correspondence concerning this matter	•	
	Georgia McClure Name of 1		
	Name of I	Person	
	CMAC Incorporated		
	CMAC, Incorporated Firm/Com	pany	
	11625 Rainwater Dri	ve, Suite 250	
	Alpharetta, GA City/State as	30009	
	gmctlure ecmac E-mail address: (to be used for	inc.com	
	E-mail address: (to be used for	or future annual report notification)	
For fur	rther information concerning this matter, please c	all:	
Geo	Name of Person Area Code) 672-4283	
	Name of Person Area Code	Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclos	sed is a check for the following amount:		
50 \$70	0.00 Filing Fee	\$78.75 Filing Fee & Ser.50 Filing Fee Certified Copy Certified Copy	tatus &

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. CMAC, Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") CMAC TECHNOLOGY SOLUTIONS INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. GA USA
(State or country under the law of which it is incorporated)

4. 3/20/1996
(Date of incorporation)

58-2231835
(FEI number, if applicable)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 11625 Rainwater Drive Suite 250 Alphanetta GA
(Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Angla Ellis 121 Eastern Lake Court

Santa Rosa Beach, Florida 32459
(City) (Zip code) Office Address: 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.

Anglo Clio
(Registered agent's signature)

^{0.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to a Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction ader the law of which it is incorporated.

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

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	· <u>.</u>
rudiess.	
OFFICERS	- 5
B. OFFICERS CFO 2 11-65	5
CEO Bryan Moss	<u></u>
Address: 1032 Semmit View Lane	<u></u>
Milton GA 30004	· · · · · · · · · · · · · · · · · · ·
Officer Michael B. Allen	3
iddress: 4910 Hopenell Manor Drive	
Cumming, GA 30028	
coo Brandi C. Hughes	-
idress: 5540 Summit Oak Drive Milton 6	A 30004
CFO Mitch Allen	
dress: 7340 Beaumont Terrace Sumane	e GA 30024
,	
TE: If necessary, you may attach an addendam to the application listing additional officers	and/or directors.
Signature of Director or Officer	
officer or director signing this document (and who is listed in number 11 above) affirms the	
rue and that he or she is aware that false information submitted in a document to the Departed degree felony as provided for in s.817.155, F.S.	tment of State constitutes
Brand: C. Hughes Director of C (Typed or printed name and capacity of person signing application)	perations
(Typed or printed name and capacity of person signing application)	1

Control Number: K610352

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CMAC, INC. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16257637 Date Inc/Auth/Filed: 03/20/1996 Jurisdiction : Georgia Print Date : 10/17/2018 Form Number : 211



B: P. Kemp Secretary of State