

F19000000308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

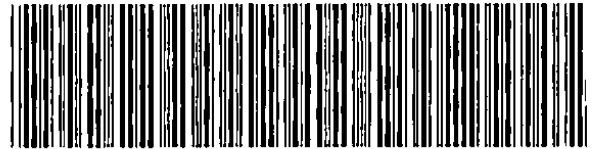
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

W1900061618

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ap sign

Office Use Only



100331416301

23 JUL -2 PM 3:21

19 JUL -2 PM 3:13

Z BROWN

JUL 08 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2019

CT CORP

SUBJECT: CONSTELLATION DATA SOLUTIONS INC.
Ref. Number: W19000061618

We have received your document for CONSTELLATION DATA SOLUTIONS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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.

Zakiya M Brown
Regulatory Specialist II

Letter Number: 419A00013506

Corrected

Please allow for original file date
Thank you!

19 JUL -5 AM 10:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date:

7/2/2019

Acc#120160000072

mic DW

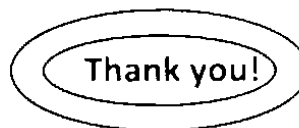
Name:	CONSTELLATION DATA SOLUTIONS INC.
Document #:	
Order #:	11729634

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Constellation Data Solutions 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:

Heather Pruger

Name of Person

Constellation Data Solutions Inc.

Firm/Company

11350 McCormick Road, Plaza 3, Suite 200

Address

Hunt Valley, MD 21031

City/State and Zip code

heather.pruger@constellationhbs.com

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

For further information concerning this matter, please call:

Heather Pruger

at (410)

843-3825

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

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. CONSTELLATION DATA SOLUTIONS 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

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 06/18/2019

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 25 North Pineapple Avenue, Sarasota, FL 34236

(Principal office address)

11350 McCormick Road, Plaza 3, Suite 200, Hunt Valley, MD 21031

(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

(City)

33324

Florida (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, 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: _____

Terrie Bates, Assistant Secretary

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Dexter Salna

Address: 11350 McCormick Road, Plaza 3, Suite 200, Hunt Valley, MD 21031

Director: Bonnie Wilhelm

Address: 11350 McCormick Road, Plaza 3, Suite 200, Hunt Valley, MD 21031

B. OFFICERS

President: Dexter Salna

Address: 11350 McCormick Road, Plaza 3, Suite 200, Hunt Valley, MD 21031

Vice President: _____

Address: _____

Secretary: Bonnie Wilhelm

Address: 11350 McCormick Road, Plaza 3, Suite 200, Hunt Valley, MD 21031

Treasurer: Bonnie Wilhelm

Address: 11350 McCormick Road, Plaza 3, Suite 200, Hunt Valley, MD 21031

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. Bonnie Wilhelm, Secretary/Treasurer

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

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONSTELLATION DATA SOLUTIONS 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 FIRST DAY OF JULY, A.D. 2019.

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



7473250 8300

SR# 20195765312

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203139368

Date: 07-01-19