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To:	Division of Corporations Fax Number : (850)617-6383	RIL PHI
From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845) 4: 49 51ATE LORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

FOREIGN PROFIT/NONPROFIT CORPORATION

Boldon James, Inc.

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US

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Bołdon James, II	nc			
(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	: 19 *1	
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(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transactin	g business in:Florid	ia)
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the Department of State, by the Sccretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

A. DIRECTORS SEE ATTACHMENT	
Chairman:	
Address:	
/ice Chairman:	
Address:	
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Director:	ASS .72
Address:	PPR II
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Director:	SEC PH
Address:	
	77 5
B. OFFICERS SEE ATTACHMENT	<i>></i>
President: Robert Allen Evers	
Address: 5885 Trinity Parkway, Suite 130	
Centreville, VA 20120	·
Vice President:	
Address:	
Address:	
Secretary: Robert Allen Evers	
Address: 5885 Trinity Parkway, Suite 130, Centreville, VA 20120	
Treasurer: Bonnie J. Dennis V	
Address: 5885 Trinity Parkway, Suite 130, Centreville, VA 20120	· - · · · ·
NOTE: If necessary, you may attach an adder dum to the application	listing additional officers and/or directors.
12. Signature of Director or O	

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

13. Robert Allen Evers, President

Attachment to Florida Officers & Directors

1 Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

2 Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State.

ZIP Code:

3 Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

4 Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State: ZIP Code:

20120

Darrell J. Oyer

Officer

Assistant Treasurer & Assistant Secretary

5885 Trinity Parkway, Suite 130

Centreville

VA

20120

Jacob Jaeger

Officer

Assistant Treasurer

5885 Trinity Parkway, Suite 130

Centreville

VA

20120

Robert Allen Evers

Officer, Director

President

Director

5885 Trinity Parkway, Suite 130

Centreville

VA

20120

Darrell J. Oyer

Director

Director

5885 Trinity Parkway, Suite 130

Centreville

VΑ



Page 1

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

DELAWARE, DO HEREBY CERTIFY "BOLDON JAMES, 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 FOURTEENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

7928560 8300

Authentication: 202764934

Date: 04-14-20