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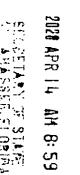
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APR 23 2020 M. SOLOMON

COVER LETTER

_	stration Section ion of Corporations			
SUBJECT:	Enhanced Veterans Solutions,	Inc.		
	Name o	of corporation - i	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Conf Existence," or "Certificate deed foreign corporation to transfer	of Good Standir	ig" and check are submit	Business in Florida," tted to register the
Please return	all correspondence concernit	ng this matter to	the following:	
Mark Whitty				
		Name of Per	son	
Enhanced Vet	erans Solutions, Inc.			
		Firm/Compa	ny	
10560 Main S	trect, Suite 220			
		Address		
Fairfax, VA 2	2030			
		City/State and	Zip code	
mwhitty@enh	ancedvets.com			
	E-mail address:	(to be used for	future annual report noti	fication)
For further in	formation concerning this ma	atter, please call	:	
Mark Whitty		571 at ()	71 212-3681	
Nam	e of Person	Area Code	Daytime Telephor	ne Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	S:	MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
	check for the following amo neck payable to: FLORIDA DE ing Fee	PARTMENT O		□ \$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.

	rans Solutions, Inc.		
"Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"	
	, , , , , , , , , , , , , , , , , , ,		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business i	in Florida)
Virginia			
(State or countr	3	(FEI number, if applicable)	
9/19/2007			
(Date of incorporation)		(Date of duration, if other than perpetual)	
3/30/2020			
	(Date first transacted business in F	lorida, if prior to registration)	
105401110	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liability)	
10560 Main Stre	et, Suite 220, Fairfax, VA 22030		
	(Principal office	street address)	
			न्द्र <u>े</u>
	(Current mailing	address, if different)	
Manua and atma	and and a Colored and a colored and a colored	No.	
Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	67.20
Name:	Northwest Registered Agent LLC		ទានា ក
ffice Address:	7901 4th Street N Suite 300	_	(3) (3) (4)
	St. Petersburg	. Florida 33702	ب رغي
	(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.

(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.

A. DIRECTORS Joseph Webb Name: Mark Whitty Chairman Name: □ Chairman 7810 Cherry Orchard Court 446 Trout Lake Road □ Vice Chairman Address: □ Vice Chairman Address: Springfield, VA 22153 Diamond Point, NY 12824 □ Director Director **■**President □President □ Vice President ☐ Vice President □ Secretary ☐Treasurer ■ Secretary ☐Treasurer □Other _____ □Other ______ □Other ____ □Other ____ James Moody □ Chairman Name: □Chairman Name: _____ 113 Dan Circle □Vice Chairman Address: ☐ Vice Chairman Address: Clarksville, VA 23927 **■**Director □ Director □President □ President ☐ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary ☐Treasurer □Other _____ □Other ______ ☐ Other _____ □Other_ □ Chairman Name: _____ Chairman Name: ___ □Vice Chairman Address: □Vice Chairman Address: _____ □ Director □Director ഗ □President □President □ Vice President ☐ Vice President ☐ Secretary □ Treasurer ☐ Secretary □Treasurer Other □ Other _____ □Other ☐Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Mark Whitty

Commontocaltho Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Enhanced Veterans Solutions, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on September 19, 2007;

That the corporation's period of 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:

April 6, 2020

Joel H. Peck, Clerk of the Commission

CERTIFICATE NUMBER: 2020040614315441