# Electronic Filing Cover Sheet

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From:

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 ddracc		

#### FOREIGN PROFIT/NONPROFIT CORPORATION

BlackHorse Solutions, Inc.

Certificate of Status	0		
Certified Copy	1		
Page Count	04		
Estimated Charge	\$728.75		

MAY 21 2020

M. SOLOMON

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(((H200001497053)))

### 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.

	itions, Inc.			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"		
(If name unavaile	ible in Florida, enter alternate corporate nam	nc adopted for the purpose of transacting business in F	lorida)	
Delaware 3 26-2676243		3 26-2676243		
(State or country under the law of which it is incorporated) (FEI number, if appli		(FEI number, if applicable)		
October 8, 2014		5.		
(Date of incorporation)		(Date of duration, if other than perpetual)		
January 21, 201	9			
	(Date first transacted husiness	s in blocida, if prior to registration)		
13461 Sunrise Va		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	<b>.</b>	
13461 Sunrise Va	(SEE SECTIONS 607.1501 & 607 illey Drive, Suite 400, Herndon, VA 20171		_	
13461 Sunrise Va	(SEE SECTIONS 607.1501 & 607 illey Drive, Suite 400, Herndon, VA 20171 (Principal o	.1502, F.S., to determine penalty liability)	<b>-</b>	
	(SEE SECTIONS 607.1501 & 607 illey Drive, Suite 400, Herndon, VA 20171 (Principal o	office street address)	- 1 5/4 - 12 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	2428 HAY 2
. Name and stree	(SEE SECTIONS 607.1501 & 607.1501	office street address)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HAY 20
. Name and <u>stree</u> Name:	(SEE SECTIONS 607.1501 & 607.1501	office street address)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	##X 2

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.

By: Kathyn A Wholong Ant Sucretury
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### (((H20000149705 3)))

A. DIRECTORS  Michael Kushin  Name:		□Chairman	Timothy Newberry		
□ Chuirman	12706 Autumn Crest Drive	□Vice Chairman	Address:		
□ Vice Chairman  ■ Director	Herndon, VA 20171	Director	Annapolis, MD 21409		
President	,	□President			
∐Vice President		□Vice President	_		
■ Secretary	□Treasurer	□ Secretary	□Treasurer		
■Other		■Other	Other		
LiChairman	Tim Jones	[]Chairman	Name: Paul Stefanski		
	800 Crocus Drive	□Vice Chairman	Address:		
□ Director	Rockville, MD 20850	☐Director	Annandale, VA 22003		
□ President		∐President			
LaVice President		□Vice President			
□Secretary	☐ <u>Lt-#zone</u> :	□Secretary	LiTrensurer : 15, 25 5		
■Other	□Other	⊭Other	Cother Co		
□ Chairman	Peggy Styer	□ Chairman	Name: 1875 Explorer St., #560		
L I Vice Chairman	1875 Explorer St., #560	□Vice Chairman			
■ Director	Reston, VA 20190	Director	Reston, VA 20190		
□Prœident	. <u> </u>	<b>⊡Pres</b> ident			
∐Vice President		□Vice President			
□ Secretary	Treasurer	Souretary	☐ Treasurer		
□ Other					
Important Notice individuals may b	Use an attachment to report more than six (6). The at be added to the index when filling your Clorida Department of Director	nent of State Admital (	Kepart form.		
The officer or dishe is aware that s.817.155, F.S.	rector signing this document (and who is listed in num false information submitted in a document to the Depar	ber 11 above) allims artment of State const	that the facts stated herein are true and that he or itutes a third degree felony as provided for in		
13	TIMOTHY TONES CF (Typed or printed name and capacity of pe	rson signing applicati	on)		

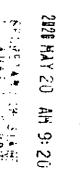
(((H200001497053)))

#### Additional Directors of BlackHorse Solutions, Inc.

Alexander Doll 250 Northern Ave., #300 Boston, MA 02210 Director

Mark Hatfield 250 Northern Ave., #300 Hoston, MA 02210 Director

Bob Coleman 1875 Explorer St., #560 Reston, VA 20190 Director



(((H20000149705 3)))

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BLACKHORSE 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 ELEVENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACKHORSE SOLUTIONS, INC." WAS INCORPORATED ON THE EIGHTH DAY OF OCTOBER, A.D. 2014.

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

5617735 8300
SR# 20203723679
You may verify this certificate online at corp.delaware.gov/authver.sntml

Authentication: 202911181

Date: 05-11-20