# F20000003182

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	Blue Sky Innovators Inc				
SOBJE	CI:	of corporati	ion - n	nust include suffix	
Dear Si	r or Madam:				
"Certifi		of Good St	tandin	thorization to Transact Business in Flog" and check are submitted to registed n Florida.	
Please r	eturn all correspondence concerni	ng this mat	iter to	the following:	
Scott Ca	rpenter				
		Name	of Per	rson	
Blue Sk	y Innovators Inc				
-		Firm/C	ompa	ny	2020 Ji!
4605 Ta	pestry Dr				$\subseteq$
	<u> </u>	Ad	ldress		<u>ر</u> ص
Fairfax,	VA 22032				
		City/State	e and	Zip code	= = =
scott.car	penter@blueskyinnovators.com	-		•	: 12
	E-mail address	(to be use	ed for	future annual report notification)	
For furt	her information concerning this m	atter, pleas	se call	:	
Scott Ca	urpenter	720	١	933-6547	
<del></del>	Name of Person	at ( Arca C	/ lode	Daytime Telephone Number	<del></del>
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	

□ \$87.50 Filing Fee,

Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$\begin{align\*}
\$ 70.00 \text{ Filing Fee } \begin{align\*}
\$ \$78.75 \text{ Filing Fee } & \begin{alig

Enclosed is a check for the following amount:

### 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	Blue Sky Innova	Blue Sky Innovators inc						
		orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"					
	(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	siness in Florida)				
2.	Virginia	3.						
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
4.	January 29, 201	6 5.						
	(Date of incorporation) 5.		(Date of duration, if other than perpetual)					
6.	July 1, 2020							
		(Date first transacted business in Fi (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liability)					
7	5940 W. Shores F	Road, Fleming Island, FL 32003-8118						
, .		(Principal office	street address)					
	4605 Tapestry D	r, Fairfax, VA 22032		20				
		(Current mailing a	ddress, if different)	.020 Jili -				
8.	Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	9				
	Name:	Robert Wirt						
О	ffice Address:	5940 W. Shores Road	_	. II: 12				
		Fleming Island	. Florida 32003-8118					
		(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	•		0				
Chairman	Tim Tkacz hairman Name:		Scott Carpenter Name:4605 Tapestry Dr Address:				
□Vice Chairman Address: 1605 Palm Springs Dr		□Vice Chairman					
Director	Vienna, VA 22182	<b>■</b> Director	Fairfax, VA 22032				
President		□President					
□Vice President		■ Vice President					
☐Secretary	Treasurer	Secretary	□Treasurer				
Other CEO	Other	■Other COO	Other				
□Chairman	Scott Van Cleave	□Chairman	Josh Conway Name:				
	34 Village Cir Address:	□Vice Chairman	Address: 213 Cabin Rd SE				
Director	Manhattan Beach, CA 90266	■ Director	Vienna, VA 22180				
□President		President					
■ Vice President		■Vice President					
Secretary	□Treasurer	□Secretary	□Treasurer				
Other CFO	Other	■Other	Other				
	N.	□ Chairman	Name:				
□Chairman	Name:		20				
□ Vice Chairman	Address:	LJVice Chairman	Address: 28				
□Director	der de la constant de	□Director					
□President		President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	□Secretary	□'Freasurêr				
□Other	Other	Other	Other				
Important Notice: individuals may b	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment added to the order when filing your Florida Department	ent of State Annual R	eport 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 of 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. Scott Carpenter, Chief Operating Officer

# Commonwealth of Hürginia



## State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Blue Sky Innovators Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on January 29, 2016;

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:

July 1, 2020

goelf. teck

Joel H. Peck, Clerk of the Commission

21:11 HB