## F200000411a

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					



200353952092

18/20/26--01029--018 \*\*78.00 ·

2020 OCT 20 PH 3: 11

Office Use Only

US 10/26/20

# COVER LETTER

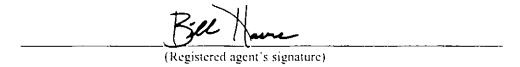
TO: Registration Section Division of Corporations					
SUBJECT: JGCRE, Inc					
	lame of corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Forei "Certificate of Existence," or "Certi above referenced foreign corporatio	ficate of Good Stan	ding" and check are submi			
Please return all correspondence con	neerning this matter	to the following:	2025		
Jonathan Green			2323 OCT		
	Name of	Person	020		
JGCRE, Inc			m - P		
	Firm/Com	pany	<u> </u>		
8200 Greensboro Drive Suite 900					
	Addro	288	35.		
McLean, VA 22102					
,	City/State a	nd Zip code			
jon.green@jgcre.com					
E-mail ac	ddress: (to be used f	or future annual report not	ification)		
For further information concerning	this matter, please c	all:			
Jon Green	703 at (	342-7059			
Name of Person	Area Code	Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sectorial Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
-	DA DEPARTMENT		□ \$87.50 Filing Fee, Certificate of Status & Certified Copy		

#### ARPLICATION 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPOR	RATION	,,	
/ICanas manail	able in Florida, enter alternate corporate name a	dontal for the purpose of tr		busins	on in Elapida
Virginia	·				
(State or countr	y under the law of which it is incorporated)	(FEI numb	er, if app	licable)	
(Date	of incorporation) 5.	(Date of duration, i	f other th	an perp	etual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registrati 12, F.S., to determine penalt	on) y liabilit	<b>/</b> )	
3200 Greensboro	Drive Suite 900 McLean, VA 22102			797	
	(Principal offic	e <u>street</u> address)	:	7970 CET 1	
	(Current mailing	address, if different)	, , , , , , , , , , , , , , , , , , ,	70 PH	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	-	ယ	
Name:	Registered Agents Inc		,	<del></del> ·	
fice Address:	7901 4th St Suite 300				
	St. Petersburg	Florida <u>33702</u>			
	(City)	(Zip code)			
	ent's acceptance:  ed as registered agent and to accept service				

accfurther 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.



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	•				
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address: JGCRE, Inc	□Vice Chairman	Address:		
□Director	8200 Greensboro Drive	Director			
■President	Suite 900	□President			
□Vice President	Melean, Va 22102	□Vice President			
□Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	□Other	Other	□Other		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□ Director	<del></del>	□Director	ech		
□President		□President			
□Vice President		□Vice President	70 71. ==		
□Secretary	□Treasurer	□Secretary	O P P P P P P P P P P P P P P P P P P P		
□Other	□Other	□Other			
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐Secretary	□Treasurer		
□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.  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.

Jonathan Green

## Commonwealthof Hirginia



### State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That JGCRE, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on December 6, 2011;

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:

October 7, 2020

Bernard J. Logan, Interim Clerk of the Commission