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To:

Division of Corporations

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: (850)617-6383

From:

: LEGALZOOM.COM INC. Account Name

Account Number : 120010000062

: (323)962-8600

Fax Number

: (323)962-3889

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

Xiphos Solutions, Inc.

المرب والمستحد النبر الرسان الناسي والمستحد والمستحد	
Certificate of Status	0
Certified Copy	1
Page Count	07
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Corporate Filing Menu

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Xiphos Solutions, Inc.				
() () ()	Name	of corporation -	must include suffix		_
Dear S	ir or Madam:			•	
"Centi	iclosed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	ic of Good Standi	ng" and check are subr	Business in Florida," nitted to register the	
Please	return all correspondence concer	ning this matter to	the following:		
Cheye	nne Maseley				_
		Name of Po	rson		
Legalz	com contine.				
		Firm/Compa	any		
101 N	Brand Blvd 11th P				
		∧ddres	5		
Gland	ale, CA 91203				_
		City/State and	Zip code		ر~َ
david.	lerch@msn.com				
	E-mail addre	ess: (to be used for	future annual report n	otification)	
For fu	orther information concerning this	matter, please cal	1:		
Cheyenne Moseley		a1 (773-0888	773-0888	
	Name of Person	Area Code	Daytime Telepl	none Number	
	STREET/COURIER ADDRI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAHANG A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	-
Please	used is a check for the following a emake check payable to: FLORIDA 0.00 Filing Fee S78.75 Fi Certificat	DEPARTMENT	OF STATE S78.75 Filing Fec & Certified Copy	(2) \$87.50 Filing Fed Certificate of Sta Certified Copy	

To: 18506176383

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

	orporation; must include "INCORPORATED," orp.," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
, - , -			
(If name unavaila	ible in Florida, enter alternate corporate name :	dopted for the purpose of transacting business in Florida)	
2. Virginia	3.	83-1019836 (FEI number, if applicable)	_
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	-
4. 6/18/2018	5.	(Date of duration, if other than perpetual)	_
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6			-
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liability)	
43222 Chase Stre	et. South Riding, VA 20152		
1	(Principal offi	ce street address)	-
			ι;
-	(Current mailin	g address, if different)	
0.11	et address of Florida registered agent: (P.C	Rev. NOT receptable)	
8. Name and street	United States Corporation Agents, Inc.	, how <u>invol</u> acce/more/	, "
Name:		_	~
Office Address:	5575 S. Semoran Blvd., Suite 36		• •
	Orlando	, Florida	. :
	(City)	(Zip code)	
Having hour nan	ent's acceptance:	ice of process for the above stated corporation at the	place
designated in this		nent as registered agent and agree to act in this cap relative to the proper and complete performance of n	ucuje i
	CM	Cheyenne Moseley, Assistant Secretary on behalf of United States Corporation Agents.	Inc.
-	(Registered agent's s	ignature)	

^{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]:

A. DIRECTORS					
□Chai mna n	Name:	Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	South Riding, VA 20152	Director			
₽ President		President			
□Vice President		ÜVice President		·	
☐Secretary	☐Treasurce	Secretary		☐Treasurer	
□Other		Other		□Other	
□Cltainnan	Name:	□ Chairman	Nume:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
Director		Director			
□President		□ President			
□Vice President		☐ Vice President			
Secretary	□Treusurer	Secretary		□Treasurer	
□Other	Ü0ther	[] Other		Other	
Chainnan	Name:	Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address.		
Director		□Director			·
□President		□ President			
□Vice President		□ Vice President		·.	<u>-</u>
OSceretary	☐Treasurer	☐ Secretary		☐Treasurer .	i
Other		Other		□Other	
Important Notice; individuals may b	Use an attachment to report more than six (6). To added to the index when filing your Florida De Signature of Dir	partment of State Annual R	ed for reporting	purposes anly. Non-in	dexed

The officer or director signing this document (and who is fisted 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 fellowy as provided for in 5.817.155, F.S.

David Lerch, President

LeaslZoom.com, Inc.

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State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

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

That the corporation was incorporated on June 18, 2018;

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:

February 10, 2021

Bernard J. Logan, Clerk of the Commission