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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AGILE FLEET, INC.	
	ration - must include suffix
Dear Sir or Madam:	
Dear Sir Or Madant.	
	n for Authorization to Transact Business in Florida," Standing" and check are submitted to register the usiness in Florida.
Please return all correspondence concerning this r	natter to the following:
EDWIN E. SMITH	
Nar	ne of Person
AGILE FLEET, INC.	
Firm	/Company
14101 WILLARD ROAD, SUI	EΑ
	Address
CHANTILLY, VA 20151	
City/S	late and Zip code
ESMITH@AGILEFLEET.COM	
E-mail address: (to be	ised for future annual report notification)
For further information concerning this matter, pl	ised for future annual report notification)
EDWIN E. SMITH at (57	1 , 498-7555 EXT. 501
	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM \$\overline{\Sigma}\$ \$70.00 Filing Fee \$\overline{\Sigma}\$ \$78.75 Filing Fee & Certificate of Status	IENT OF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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.

Delaware		00	business in Florida)
	y under the law of which it is incorporated)	77-0553957	
11/09/201	20		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
14101 Wil	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 lard Road, Suite A, Chantilly	2, F.S., to determine penalty liability)
	(Principal office		
	(0)	11	
	temaning	address, if different)	
Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	2021
Name and stree	et address of Florida registered agent: (P.O. Registered Agents Inc.	Box <u>NOT</u> acceptable)	2021 JUL
		Box <u>NOT</u> acceptable)	2021 JUL 27
Name:	Registered Agents Inc. 7901 4th St N STE 300		
Name:	Registered Agents Inc. 7901 4th St N STE 300	Box NOT acceptable)	
Name: fice Address:	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City)		2821 JUL 27 PM 4: 07
Name: fice Address: Registered agwing been nam	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: and as registered agent and to accept service	Florida 33702(Zip code)	PH 4: 07 corporation at the
Name: ice Address: Registered agwing been namignated in this	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City)	Florida 33702 (Zip code) of process for the above stated ont as registered agent and agree	Corporation at the to act in this capa

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 EDWIN E. SMITH Matthew Wade Name: □Chairman □Chairman 14101 WILLARD ROAD, SUITE 4 31557 Gooseberry Way Address: Address: □Vice Chairman □Vice Chairman CHANTILLY, VA 20151 Lewes, DE 19958 □Director **ElDirector** □President President □Vice President □ Vice President []Treasurer □Treasurer □ Secretary ■ Secretary □Other ______ □Other _____ ☐Other _____ □Other _____ □Chairman □ Chairman Name: ______ Name: _____ □Vice Chairman □Vice Chairman Address: _____ Address: _____ □ Director □ Director □ President □ President □ Vice President □Vice President □ Secretary □Treasurer ☐ Treasurer □ Secretary Other _____ □Other _____ □Other _____ □Other ______ □ Chairman □ Chairman Name: ElVice Chairman Address: ___ []Vice Chairman Address: □ Director □Director □President □President □Vice President □Vice President □ Secretary ☐Treasurer ☐Secretary □Treasurer ElOther ____ □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.

EDWIN E. SMITH, PRESIDENT

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AGILE FLEET, 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 SIXTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGILE FLEET, INC." WAS INCORPORATED ON THE NINTH DAY OF NOVEMBER, A.D. 2020.

2021 JUL 27 PM 4: 07

Jeffrey W. Bullech, Secretary of State

Authentication: 203631972

Date: 07-16-21

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