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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	400372669764 RECEIVED SEP 0 7 2021
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	ISEP -7
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	SEP 09 2021 M. SOLOMON
	M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ARCBridge Consulting & Training Incorporated

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SAM MATHUR

Name of Person

ARCBridge Consulting & Training Inc.

Firm/Company

21515 Ridgetop Cir Suite 290

Address

Sterling VA 20166

City/State and Zip code

sam@arcbridge.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Mathurat (703)834-6511Name of PersonArea CodeDaytime 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 DEPARTMENT OF STATE \$70.00 Filing Fee \$\$78.75 Filing Fee \$\$78.75 Filing Fee \$\$ Certificate of Status Certified Copy Cert

\$87.50 Filing Fee. 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.

1. Arcbridge Consulting & Training Incorporated (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.")

(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flor	rida)	
_{2.} Virginia	3.	3. 54-1697794		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
41/26/1994	5.			
(Date	(Date of incorporation) (Date of duration, if other than per			
6				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
_{7.} 21515 Rid	getop Cir # 290 Sterling va	3		
	(Principal off	ice street address)		
21515 Ridg	getop cir <mark>#</mark> 290 Sterling va 2	0166		
	(Current maili	ng address. if different)	ι. 	
 Name and <u>stree</u> 	<u>address</u> of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name:	Registered Agents Inc.			
Office Address:	7901 4th St N STE 300			
	St. Petersburg	Florida <u>33702</u>	21-	
	(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 duti 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 t the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdictio under the law of which it is incorporated.

A. DIRECTORS			
🗆 Chairman	Name: Sam Mathur	🗆 Chairman	Name: Priti Mathur
🗆 Vice Chairman	Address: 21515 Ridgetop Cir	🗆 Vice Chairman	Address: 21515 Ridgetop Cir
Director	Suite 290	Director	Suite 290
President	<u>Sterlina VA 20166</u>	xPresident	Sterling VA 20166
Vice President		D Vice President	
Secretary	xTreasurer	xSecretary	🗆 Treasurer
xOther <u>CEO</u>	Other	□ Other	Other
🗆 Chairman	Name:	🗆 Chairman	Name:
	Address:	🗇 Vice Chairman	Address:
Director		Director	
President	<u> </u>	D President	
U Vice President		□ Vice President	
Secretary	🗅 Treasurer		□ Treasurer
🗆 Other	Other	🗆 Other	
🗆 Chairman	Name:	🗆 Chairman	
🗆 Vice Chairman	Address:	🗆 Vice Chairman	Address: Or On
Director		Director	
🗇 President		🗆 President	
UVice President		□ Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	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.

Signature of Director or Officer 12.

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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for ins.817.155, F.S.

13. SAM MATHUR, CEO

(Typed or printed name and capacity of person signing application)

Commonwealth Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That ARCBRIDGE CONSULTING & TRAINING INCORPORATED is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on January 26, 1994;

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:

August 27, 2021

Bernard J. Logan. Clerk of the Commission