(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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Account#: I20000000088

Date:	10/18/2021	
Name:		
Reference	#: 1483220	
	ne:	MTAC INC.
∠ Arti	cles of Incorporation/Authoriza	ation to Transact Bu sin ess
Am	endment	
Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
□ Ме	rger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
₽ Oth	nerCER	TIFIED COPY UPON FILING
Authorized	Variable Variable	

COVER LETTER

TO: Registration S						
SUBJECT:	MTACILLA					
SUBJECT:	Name of corpo	oration - mus	t include suffix			
Dear Sir or Madam:						
"Certificate of Exister	eation by Foreign Corporation nce," or "Certificate of Goo eign corporation to transact	od Standing"	and check are sul			
Please return all corre	espondence concerning this	matter to the	following:			
	Ga	ary Smith				
	Na	me of Person				
	M ⁻	TAC, Inc.				
	Firm	n/Company				
	1029 Ma	ryland Ave	enue			
		Address				
	Hagerstowr	n, Maryland	121740			
	City/S	State and Zip	code			
	gsmith	n@mtac.in	fo			
	E-mail address: (to be	used for futi	ire annual report i	notification)		
For further informatio	n concerning this matter, pl	lease call:				
Gary Smith at (202)		202)	924-9356			
Name of Person		a Code	Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check fo	r the following amount:					
□ \$70.00 Filing Fee	☐. \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & fied Copy	1 \$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.

I.	MTAC In	1C		
	f corporation; must include "INCORPORATED," " "Corp," "Inc," "Co," or "Corp.")	COMPANY,"	"CORPORATION	,,
	Measured Threat Application	s and Cons	sulting, Inc.	
(If name unava	ailable in Florida, enter alternate corporate name add	pted for the pr	urpose of transacting	business in Florida)
2.	State of Maryland 3.			
(State or cour	ntry under the law of which it is incorporated)		(FEI number, if app	licable)
4.	10/8/2020 5 5	perpetual exi		ence
	ate of incorporation)	(Date c	of duration, if other t	han perpetual)
6.				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502			y)
7	1029 Maryland Avenue, Hagers	stown, Mar	yland 21740	
	(Principal	office address))	
	Same as Principal Of	ffice Addres	ss	
	(Current mailing a	iddress, if diffe	er e nt)	e21 (
8. Name and str	eet address of Florida registered agent: (P.O. I	30x <u>NOT</u> ac	ceptable)	
Name:	COGENCY GLOBAL INC.			8
Office Address:	115 North Calhoun Street, Suite 4	_		M 9: 42
	Tallahassee	, Florida	32301	松
	(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.

11. Names and business addresses of officers and/or directors:

Chairman:	Michael Ault
Address:	1020 Maniford Avenue, Hagerstown, Maniford 21740
	
Address:	
 -	
B. OFFICERS	
President:	Michael Ault
Address:	1020 Manyland Avenue, Hagerstown, Manyland 21740
Secretary:	
<u></u> -	
	umay attach an addendum to the application listing additional officers and/or directors.
12	mitted-

President & CEO

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MTAC INC (D20988416), INCORPORATED OCTOBER 08, 2020, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO

OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL. THE POWERS RECITED IN

ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 21, 2021.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice