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APPROVEL AND FILED 2022 JAN 10 PM 3: 51 SECRETARY OF STATE ALL ALASSET FLORAT

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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Artemis Consulting VA Inc

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:

Amee Shah

.

	Name of	Person	
Artemis Consulting Inc			
	Firm/Com	pany	
1750 Tysons Blvd Suite 1500			
	Addre	255	
McLean VA 22102			
	City/State a	nd Zip code	
hr@artemisconsultinginc.com	-	·	
E-mail ad	dress: (to be used f	or future annual report	notification)
For further information concerning	this matter, please c	all:	
Amee Shah	703	286-7997	
Name of Person	Area Code	e Daytime Telep	bhone Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17
Enclosed is a check for the followin Please make check payable to: FLORII \$\vee\$70.00 Filing Fee \$\vee\$\$\vee\$	DA DEPARTMENT	OF STATE ] \$78.75 Filing Fee & Certified Copy	\$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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Virginia		541951418	
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)	
07/22/1997	5.		
(Date	of incorporation)	5.	
2669 Oakton Gle	n Dr, Vienna VA 22181	502, F.S., to determine penalty liability)	
	n Dr, Vienna VA 22181	fice <u>street</u> address)	
	n Dr, Vienna VA 22181 (Principal off d Suite 1500 McLean VA 22102		
1750 Tysons Blv	n Dr, Vienna VA 22181 (Principal off d Suite 1500 McLean VA 22102	fice <u>street</u> address) ng address, if different)	
1750 Tysons Blv Name and <u>stre</u>	n Dr, Vienna VA 22181 (Principal off d Suite 1500 McLean VA 22102 (Current mailin et address of Florida registered agent: (P.0	The street address)  Ing address, if different)  O. Box <u>NOT</u> acceptable)  D. Box <u>NOT</u> acceptable)	
1750 Tysons Blv Name and <u>stre</u> Name:	n Dr, Vienna VA 22181 (Principal off d Suite 1500 McLean VA 22102 (Current mailin et address of Florida registered agent: (P.6 InCorp Services, Inc.	fice <u>street</u> address) ng address, if different)	

9. Registered agent's acceptance:

Agamic Congulting VA Inc

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.

Lippic Jackie DeFilippis on behalf of InCorp Services, Inc. (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.

## A. DIRECTORS

Chairman	Amce Shah Name:	🖬 Chairman	Rohit Gupta Name:
□Vice Chairman	2669 Oakton Glen Dr Address:	□Vice Chairman	2669 Oakton Glen Dr Address:
Director	Vienna, VA 22181	Director	Vienna, VA 22181
□President		President	
□Vice President		DVice President	
Secretary	Treasurer	Secretary	Treasurer
Other	Other	□Other	Other
Chairman	Name:	□Chainnan	Name:
⊡Vice Chairman	Address:	🗆 Vice Chairman	Actress:
Director		Director	
President		President	<u></u>
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	
□Other	Other	Other	Other
Chainnan	Name:	□Chairman	Name:
🗆 Vice Chairman	Address:	🗆 Vice Chairman	Address:
Director		Director	
President		President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	
Other	Other	DOther	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 Horida Department of State Annual Report form.

ee the 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.

Amee Shah, CEO

13. \_\_\_\_

# Commonbrealth & Hirginia



State Corporation Commission

# CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That ARTEMIS CONSULTING, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on July 22, 1999;

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:

January 4, 2022

Bernard J. Logan, Clerk of the Commission