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COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	Strategic Analysis, Inc.				
		of corporation -	must include suffix		
Dear Sir or M	adam:				
"Certificate of	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	e of Good Stand	ing" and check are sub		
Please return	all correspondence concert	ning this matter t	o the following:		
Liz Roemer					
		Name of P	erson		
Strategic Analy	ysis, Inc.				
		Firm/Comp	pany		
4075 Wilson B	oulevard, Ste 200				
		Addres	SS		
Arlington, VA	22203				
		City/State an	d Zip code		*** N
accounting@sa					
	E-mail addre	ss: (to be used fo	or future annual report i	notification)	
For further in	formation concerning this	matter, please ca	11:		
Liz Roemer		at (703) 253-4744		
Nam	e of Person	Area Code	Daytime Telep	hone Number	
Regis Divis The C 2415	EET/COURIER ADDRE stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 hassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, I	lection orporations 7	
	check for the following an neck payable to: FLORIDA I ing Fee	DEPARTMENT (ing Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of Certified Co	f Status &

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.

Strategic Analys	sis, Inc.		
	orporation; must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATION,"	
SA, Inc.			
(II name unavail		adopted for the purpose of transacting business in Florida)	
		541367100	
	y under the law of which it is incorporated)	(FEI number, it applicable)	
5. Per		Perpetual	
	of incorporation)	(Date of duration, if other than perpetual)	
6. 1/1/2022			
, <u> </u>		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
7 4075 Wilson Bou	ilevard, Ste 200. Arlington, VA 22203		
	(Principal of	lice street address)	
			_ %
	(Current mail	ing address, if different)	7
			<u>;</u>
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Name: Corporation Service Company		- P X
Office Address:	1201 Hays Street		∴ ≭
Office Address.	T. D. L		-
	Tallahassee (City)	, Florida	7
	(Cny)	(ZIP code)	
Having been nam designated in this further agree to c	application, I hereby accept the appoint	vice of process for the above stated corporation at the p tment as registered agent and agree to act in this capac relative to the proper and complete performance of my osition as registered agent.	ity. T
	,,,,	· · · · ·	
	21		
_	Christa Pugh Chr (Registered agent's	rista Pugh, Assistant Secretary	
	(ixegistered 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	Name: Bradford L. Smith, Jr.	□Chairman	Name: Lindsay Samora	
□Vice Chairman	Address: 4075 Wilson Boulevard, Ste 200	□Vice Chairman	Address: 4075 Wilson Boulevard, Ste 200	
□Director	Arlington, VA 22203	□Director	Arlington, VA 22203	
□President		⊠President		
□Vice President		□Vice President		
□Sceretary	□Treasurer	⊠Secretary	□Treasurer	
Other	□Other	□Other	□Other	
□Chairman	Name: Diane M. Smith	□Chairman	Name: Michael L. Samora	
☑Vice Chairman	Address: 4075 Wilson Boulevard, Ste 200	□Vice Chairman	Address: 4075 Wilson Boulevard, Ste 200	
□Director	Arlington, VA 22203	□Director	Arlington, VA 22203	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	Secretary	☑Treasurer	
□Other	□Other	□()ther	Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director	· · · · · · · · · · · · · · · · · · ·	
□President		□President		
□Vice President		□Vice President		
□ Secretary	☐ Treasurer	☐ Secretary	□Treasurer	
□Other	□()ther	□Other		

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.

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That STRATEGIC ANALYSIS, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on May 13, 1986;

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 4, 2022

Bernard J. Logan, Clerk of the Commission