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Certified Copies Certificates of St.	atus
Special Instructions to Filing Officer:	



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TO:	Registration Section
	Division of Corporations

SUBJECT: ACI Federal Inc

Name of corporation - must include suffix

Dear Sir or Madam:

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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:

Vickie Petre

	Namo	e of Person	<u> </u>		
ACI Federal Inc					
<u> </u>	Firm/0	Company			
500 Lafayette Blvd, Suite	200				
	A	ddress			
Fredericksburg, VA 2240)]				
	City/Sta	te and Zip code			
VickiePetre@ACIFED.c		I			
		ed for future annual report	t notification)		
For further information	concerning this matter, plea	se call:			
James Verberg	at (493-2469)			
Name of Perso		Code Daytime Tele	phone Number		
STREET/CO	URIER ADDRESS:	MAILING	ADDRESS:		
Registration Section			Registration Section		
Division of Corporations The Centre of Tallahassee			Division of Corporations P.O. Box 6327		
The Centre of TalianasseeF.O. Box 6.2415 N. Monroe Street, Suite 810TallahasseeTallahassee, FL 32303Tallahassee					
Enclosed is a check for Pléase make check payab	the following amount: le to: FLORIDA DEPARTMI	ENT OF STATE			
☑ \$70.00 Filing Fee			\$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.

ACI Federal Inc					
	orporation; must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	D."	"COMPANY." "CORPORATION."		
(If name unavail	able in Florida, enter alternate corporate nam	ne ac	lopted for the purpose of transacting business in Florida		
Delaware		_ 27-546410			
(State or countr	y under the law of which it is incorporated)	•••-	(FEI number, if applicable)		
03/06/2017		5.			
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
02/09/2024					
			street address)		
	(Current mai	ling	address, if different)		
. Name and <u>stree</u>	at address of Florida registered agent: (P	P.O .	Box <u>NOT</u> acceptable)		
Name:	URS Agents, LLC		E		
)ffice Address:	3458 Lakeshore Drive				
	Tallahassee		, Florida <u>32312</u>		
	(City)		(Zip code) N		

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.

URS Agents, LLC by: Mut Thompson Asistant Secretary (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.	DI	RE	ст	o	RS
			U I	v	-

Chairman	Thomas Asefi Name:	□Chairman	Name:
Uvice Chairman	Address:	□Vice Chaiπnan	6542 Little Ox Road Address:
Director	Fairfax Station, VA 22039	Director	Fairfax Station VA 22039
President		President	
□Vice President		□Vice President	- <u> </u>
Secretary			Treasurer
Other <u>CEO</u>	Other	Other	①Other
□ Chairman	Michael McNeal	□Chairman	James Verberg Name:
□Vice Chairman	958 Camden Dr Address:	□Vice Chairman	6438 Brewery Ct Address:
Director	Newark, OH 43055		King George VA 22485
President		President	
□Vice President		Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	[]Other	Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President		□President	
□Vice President		□Vice President	
	Treasurer	Secretary	
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.

ignature 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 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.

13. James Verberg, Vice President of Finance



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACI FEDERAL 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 SEVENTEENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACI FEDERAL INC." WAS INCORPORATED ON THE NINTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 202603791 Date: 01-17-24

Page 1

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SR# 20240140997 You may verify this certificate online at corp.delaware.gov/authver.shtml