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| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (,                                      |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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### **COVER LETTER**

| 10:                                       | Registration Section Division of Corporations |  |                       |   |  |  |  |  |
|---|---|--|-----------------------|---|--|--|--|--|
| SUBJE                                     | ECT:  | Skayia Solutions Inc.  |                       |   |  |  |  |  |
| Name of corporation - must include suffix |   |  |                       |   |  |  |  |  |
| Dear Si                                   | r or M  | adam:  |                       |   |  |  |  |  |
| "Certifi                                  | cate of                                       | "Application by Foreign Cor<br>Existence," or "Certificate of<br>the corporation to tra-                         | of Good Stan          | ding" and check are subm  |  |  |  |  |
| Please r                                  | eturn a                                       | all correspondence concerning  | g this matter         | to the following:   |  |  |  |  |
| Anna Cl                                   | hernyav                                       | rskaya   |                       |   |  |  |  |  |
|   |   |  | Name of               | Person  |  |  |  |  |
| Skayia S                                  | Solution                                      | ns Inc.  |                       |   |  |  |  |  |
|   |   |  | Firm/Com              | ipany   |  |  |  |  |
| 4113 SV                                   | V 27th  | Place  |                       |   |  |  |  |  |
|   |   | •  | Addre                 | ess   |  |  |  |  |
| Cape Co                                   | oral, FL                                      | 33914  |                       |   |  |  |  |  |
|   |   |  | City/State a          | nd Zip code   |  |  |  |  |
| achernya                                  | avskaya                                       | n@skayia.com   |                       |   |  |  |  |  |
|   |   | E-mail address:  | (to be used f         | or future annual report no  | tification)  |  |  |  |
| For furt                                  | her inf                                       | ormation concerning this ma  | tter, please c        | all:  |  |  |  |  |
| Anna Chernyavskaya                        |   | 703  | 728-3266              |   |  |  |  |  |
|   | Name  | of Person  | Area Cod              | e Daytime Telepho   | one Number   |  |  |  |
|   | Regist<br>Divisi<br>The C<br>2415 I<br>Tallah | eration Section<br>on of Corporations<br>entre of Tallahassee<br>N. Monroe Street, Suite 810<br>hassee, FL 32303 |                       | MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL | ction<br>porations   |  |  |  |
|   | ake ch  | check for the following amount for the FLORIDA DE ing Fee S78.75 Filing Certificate of                           | PARTMENT<br>Fee & - [ | OF STATE 378.75 Filing Fee & Certified Copy                               | ■ \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

SKAYIA SOLUTIONS INC.

under the law of which it is incorporated.

| SKAYIA INC.  |  |   |
|--|--|---|
| (It name unavail   | able in Florida, enter alternate corporate name  | adopted for the purpose of transacting business in Florida)   |
| . VIRGINIA   |  | 84-3934641  |
| (State or countr   | y under the law of which it is incorporated)   | (FEI number, if applicable)   |
| NOVEMBER 2   | 1, 2019 5.   | (Date of duration, if other than perpetual)   |
| (Date  | of incorporation)  | (Date of duration, if other than perpetual)   |
| N/A  |  |   |
|  |  | n Florida, if prior to registration) 502, F.S., to determine penalty liability)   |
| 4205 MAPLE AV  | VE. FAIRFAX. VA 22032  | , , ,   |
| •  |  | ice street address)   |
|  | , ,  |   |
|  | (Commant maili   |   |
|  | (Current main  | ng address, if different)   |
|  | (Current mann  | ng address, if different)   |
| . Name and stree   | et address of Florida registered agent: (P.G   |   |
|  |  |   |
| Name:  | et address of Florida registered agent: (P.G   |   |
| Name:  | et address of Florida registered agent: (P.C<br>ANNA CHERNYAVSKAYA<br>4113 SW 27TH PL  | D. Box <u>NOT</u> acceptable)   |
| Name:  | et address of Florida registered agent: (P.C<br>ANNA CHERNYAVSKAYA<br>4113 SW 27TH PL  | D. Box <u>NOT</u> acceptable)   |
| Name:  | et address of Florida registered agent: (P.C<br>ANNA CHERNYAVSKAYA<br>4113 SW 27TH PL  |   |
| Name:<br>Office Address:   | et address of Florida registered agent: (P.C<br>ANNA CHERNYAVSKAYA<br>4113 SW 27TH PL  | D. Box <u>NOT</u> acceptable)   |
| Name:  office Address:  Registered againg been name  | et address of Florida registered agent: (P.CANNA CHERNYAVSKAYA  4113 SW 27TH PL  CAPE CORAL  (City)  ent's acceptance:  ded as registered agent and to accept serve  | D. Box NOT acceptable)  Florida 33914  (Zip code)  ice of process for the above stated corporation at the place   |
| Name: Office Address: Registered againg been names   | et address of Florida registered agent: (P.CANNA CHERNYAVSKAYA  4113 SW 27TH PL  CAPE CORAL  (City)  cent's acceptance:  the des registered agent and to accept serve application, I hereby accept the appoints  | D. Box NOT acceptable)  Florida 33914 (Zip code)  ice of process for the above stated corporation at the placement as registered agent and agree to act in this capacity.   |
| Name: Office Address: Registered agalaving been namesignated in this   | et address of Florida registered agent: (P.C. ANNA CHERNYAVSKAYA  4113 SW 27TH PL  CAPE CORAL  (City)  ent's acceptance: aed as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes resistered.                                       | D. Box NOT acceptable)  Florida \( \frac{33914}{\text{(Zip code)}} \)  ice of process for the above stated corporation at the placement as registered agent and agree to act in this capacity, relative to the proper and complete performance of my dut                                |
| Name: Office Address: Registered agalaving been namesignated in this   | et address of Florida registered agent: (P.CANNA CHERNYAVSKAYA  4113 SW 27TH PL  CAPE CORAL  (City)  cent's acceptance:  the des registered agent and to accept serve application, I hereby accept the appoints  | D. Box NOT acceptable)  Florida \( \frac{33914}{\text{(Zip code)}} \)  ice of process for the above stated corporation at the placement as registered agent and agree to act in this capacity, relative to the proper and complete performance of my dut                                |
| Name: Office Address: Registered agalaving been namesignated in this   | et address of Florida registered agent: (P.C. ANNA CHERNYAVSKAYA  4113 SW 27TH PL  CAPE CORAL  (City)  ent's acceptance: aed as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes resistered.                                       | D. Box NOT acceptable)  Florida \( \frac{33914}{\text{(Zip code)}} \)  ice of process for the above stated corporation at the placement as registered agent and agree to act in this capacity, relative to the proper and complete performance of my duty.                              |
| Name: Office Address: Registered agilaving been namilesignated in this   | et address of Florida registered agent: (P.O. ANNA CHERNYAVSKAYA  4113 SW 27TH PL  CAPE CORAL  (City)  ent's acceptance: ned as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes rewith and accept the obligations of my position. | D. Box NOT acceptable)  Florida \( \frac{33914}{\text{(Zip code)}} \)  ice of process for the above stated corporation at the placement as registered agent and agree to act in this capacity, relative to the proper and complete performance of my due is sition as registered agent. |
| Name: Office Address: Office A | et address of Florida registered agent: (P.C. ANNA CHERNYAVSKAYA  4113 SW 27TH PL  CAPE CORAL  (City)  ent's acceptance: aed as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes resistered.                                       | D. Box NOT acceptable)  Florida \( \frac{33914}{\text{(Zip code)}} \)  ice of process for the above stated corporation at the placement as registered agent and agree to act in this capacity, relative to the proper and complete performance of my due is sition as registered agent. |

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

| A. DIRECTORS  |  |                       |             |                          |  |  |  |  |
|---|--|-----------------------|-------------|--------------------------|--|--|--|--|
| Chairman  | Name: ANNA CHERNYAVSKAYA   | □Chairman             | Name:       | <del></del>              |  |  |  |  |
| □Vice Chairman  | Address:   | □Vice Chairman        |             |                          |  |  |  |  |
| □Director   | CAPE CORAL, FL 33914   | Director              |             |                          |  |  |  |  |
| <b>■</b> 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       | _ <u> </u>  |                          |  |  |  |  |
| □Secretary  | Treasurer  | □Secretary            |             | □Treasurer               |  |  |  |  |
| Other   | Other  | Other                 |             | Other                    |  |  |  |  |
| □Chairman   | Name:  | □Chairman             | Name:       |                          |  |  |  |  |
|   | Address:   |                       |             |                          |  |  |  |  |
| □Director   |  | Director              |             |                          |  |  |  |  |
| □President  |  | □President            | -           |                          |  |  |  |  |
| □Vice President   |  | □Vice President       |             |                          |  |  |  |  |
| ☐ Secretary   | ☐ Treasurer  | □ Secretary           |             | □Treasurer               |  |  |  |  |
| □Other  | Other  | Other                 | <del></del> | □Other                   |  |  |  |  |
|   | Use an attachment to report more than six (6). The attached added to the index when triing your Florida Department | it of State Annual Re |             | rposes only. Non-indexed |  |  |  |  |
| 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.  Anna Chernyayskaya, President/CEO, Skayia Solutions Inc. |  |                       |             |                          |  |  |  |  |

# Commondorealth & Hirginia



## State Corporation Commission

#### CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Skayia Solutions Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on November 21, 2019;

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:

November 2, 2024

Bernard J. Logan, Clerk of the Commission