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COVER LETTER

TO:	_	ration Section on of Corporations			
SUBJI	ECT:	Silent Push, Inc.			
5020		Name	of corporation -	must include suffix	·
Dear Si	ir or Ma	adam:			
"Certifi	icate of	'Application by Foreign Co Existence," or "Certificate ed foreign corporation to t	of Good Stand	ng" and check are sub-	
Please	return a	all correspondence concern	ing this matter to	the following:	
Kenn	eth Ba	agnall			
			Name of Po	rson	
Silent	t Push	, Inc.			
	•		Firm/Comp	any	
12020	0 Suni	rise Valley Drive, Suite	100		
-			Addres	S	
Resto	on, VA	20191			
		·	City/State and	l Zip code	·
taxop	s+sile	ntpush@kruzeconsulti	•		
		E-mail address	s: (to be used fo	future annual report n	otification)
For fur	ther inf	formation concerning this n	natter, please ca	1:	
Kenneth Bagnall 703		703	860 6398		
	Name	e of Person	Area Code	Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	nake ch	check for the following ame eck payable to: FLORIDA D ng Fee	EPARTMENT (ig Fee &	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.

1. Silent Push,	Inc.				
	orporation: must include "INCORPORATED," orp," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"			
,					
(If name unavaila	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting bus	iness in Florida)		
Delaware	3.	3. 35-2689252			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
04/24/2020	5.				
(Date of incorporation)		(Date of duration, if other than perpetual)			
September 2	23, 2024				
	(Date first transacted business in				
12020 Suprin	·	02, F.S., to determine penalty liability)			
	e Valley Drive, Suite 100, Reston, \				
	(Principal offic	ce <u>street</u> address)			
	(Current mailin	g address, if different)			
	(Curent mann)	g address, it different)	٠, پ		
Name and stree	t address of Florida registered agent: (P.O	Box NOT accentable)	DIVISION 24 HOV		
	Northwest Registered Agent LLC				
Name:			25 25		
Office Address:	7901 4th St N STE 300				
	St. Petersburg	, Florida 33702	<u>မှ မြန်မ</u>		
	(City)	(Zip code)	6 2		

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.

A. DIRECTORS					
□Chairman	Name: Ken Bagnall	□Chairman	Name:		
□Vice Chairman	Address: 12020 Sunrise Valley Drive	□Vice Chairman	Address:		
Director	Suite 100	□Director	·		
☑ President	Reston, VA 20191	□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary		□Treasurer	
□Other	□Other	□Other	 -	Other	
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Address:		
□President	Reston, VA 20191	□President			
☑ Vice President		□Vice President			
□ Secretary	□Treasurer	□Secretary		□Treasurer	
□Other		Other		□Other	
□Chairman □Vice Chairman □Director	Nicola Walsh Name: 12020 Sunrise Valley Drive Address: Suite 100	□Chairman □Vice Chairman □Director			
□President	Reston, VA 20191	□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
Other CFO	□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. 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. Kenneth Bagnall					
13	· · · · · · · · · · · · · · · · · · ·				

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SILENT PUSH, 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 SEVENTH DAY OF NOVEMBER, 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 "SILENT PUSH, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2020.

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

A STATE OF THE PARTY OF THE PAR

Authentication: 204816137

Date: 11-07-24