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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: B3 Solutions, LLC (Name of Lim	ited Liability Company)		
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida			
Please return all correspondence concerning this m	natter to the following:		
William F. Almas			
(Na	me of Person)		
B3 Solutions, LLC		20 TAL	
(Fin	rm/Company)	CRETARY LAHASSEE	
2355 Cherokee Cove Trail		RY SEE	
	(Address)	P 2:)F STAI , FLORI	D
Jacksonville, FL 32221		00 DA	
(City/St	ate and Zip Code)		
For further information concerning this matter, ple	ase call:		
Mark O. Wilhelm, II	at (904) 598-6139		
(Name of Person)	(Area Code & Daytime T	elephone Numb	er)
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e	
Enclosed is a check for the following amount: [2] \$125.00 Filing Fee \$\times\$ 130.00 Filing Fee & Certificate of		60.00 Filing Fee, 6	Certificate Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. B3 Solutions, LLC				
(Name of Foreign Lir	mited Li	ability Company)		
2. Georgia		31-1824878		
(Jurisdiction under the law of which foreign limited lial company is organized)	bility	(FEI number, if ap	plicable)	
_{4.} July 31, 2003	5.	Perpetual		
(Date of Organization)		(Duration: Year limited liability exist or "perpetual")	company will cease	se to
6. <u>N/A</u>				
(Date first transacted business (See sections 608.501 & 608.50	s in Floi 02 F.S.	ida, if prior to registration.) to determine penalty liability)		
7 103 Shawville Lane				
Peachtree City, GA 30269			2006 I SECR	
(Street Ac	ddress c	f Principal Office)	AR TA	CHIMANA S B
8. If limited liability company is a manager-mar	naged o	company, check here	Ių p Ryo SSEE,	
9. The name and usual business addresses of the	e mana	ging members or managers ar	re as follows:	O
William F. Almas, 2355 Cherokee Cove Trail,			2: 00 ATE IRIDA	
Brenda J. Bearden, 525 N. Pitt Street, Alex	andria	, VA_22314		
Harold H. Jordan, Jr. 1340 Van Buren S	Street,	NW, Washington, DC 200)12	
10. Attached is an original certificate of existence, no more the furnisdiction under the law of which it is organized. (A photranslation of the certificate under oath of the translator must be	otocopy	is not acceptable. If the certificate is in		
11. Nature of business or purposes to be conduc	ted or	promoted in Florida: Provide	e acquisition, log	gistics,
program and financial management, as we	ell as	supply chain solutions to bu	siness clients	
William Alm	as			
		norized representative of a me		
		 the execution of this document constitute that the facts stated herein are true.) 	tutes	
William F. Almas				

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

B3 Solutions, LLC

2. The name and the Florida street address of the registered agent and office are:

William F. Almas		
	(Name)	
2355 Cherokee Cov	e Trail	ZOOB SECY TALLA
Florida Street A	ddress (P.O. Box <u>NOT</u> ACCEPTABLE)	HE NOV
Jacksonville	_{FL} 32221	NRY O.
	City/State/Zip	EST D
		2: 01 DRIDE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

William James
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Control No. 0342252

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

B3 SOLUTIONS, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 07/31/2003 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 3rd day of November, 2006

Cathy Cox Secretary of State

Certification Number: 380324-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp