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SEORETARY OF STATE ALLAHASSEE, FLORID

FILED

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

	(Name of	Limited Liability Company)
	ristence, and check a	Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited la
Please return all correspon	ndence concerning th	is matter to the following:
Toya S. V	Williams	
		(Name of Person)
Williams 8	& Carpenter Integra	ated Systems Consulting, LLC
		(Firm/Company)
335 Islar	nd Oaks Place	
		(Address)
Merritt Is	sland, Florida 32	953
<del>0</del>	(Cit	y/State and Zip Code)
For further information co	oncerning this matter	, please call:
Toya S. Williams at (4		at ( 410 ) 588-6495
(Na	ame of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDI Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for th  ☐\$125.00 Filing Fee	□ \$130.00 Filing Fe	te & \$\Bigsim \\$155.00 \text{ Filing Fee & } \Bigsim \\$160.00 \text{ Filing Fee, Certificate} \\ \text{ute of Status } \text{ Certified Copy} \text{ of Status & Certified Copy} \\ \text{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:

Williams & Carpen	ter Integrated Systems Con			
	(Name of Foreign Lir	nited Lia	ability Company)	
Maryland			20-0306167	
Jurisdiction under the company is organized)	law of which foreign limited liab	oility	(FEI number, if app	olicable)
October 15, 200		5.		-
(Date of	Organization)		(Duration: Year limited liability exist or "perpetual")	company will cease to
	(Date first transacted business	in Flor	ida ifariar ta registration	*
	(See sections 608.501 & 608.50	02 F.S. t	o determine penalty liability)	<b>07 F</b> SEC TALL
6316 57th Avenu	ıe			AP B
Riverdale, Maryla				ASSE ASSE ASSE
	(Street A	idress o	f Principal Office)	, To An .
If limited liability	company is a manager-mar	naged o	company, check here 🗸	1: 53 STATE LORID
The name and usu	al business addresses of the	mana	ging members or managers are	C>
Toya S Williams	335 Island Oaks Place Men	ritt lelar	nd FI 32053	
Toya S. Williams	JJJ ISIAIIU CARS I IACE WIEII	ill islai	id, 1 L 32933	
Thomas W. Carp	enter 6316 57th Avenue, I	Riverda	ale, MD 20737	
			,	
_	***************************************		· ·	· · · · · · · · · · · · · · · · · · ·
_	-		nys old, duly authenticated by the offic is not acceptable. If the certificate is in	
	e under oath of the translator must		-	a totolgi anguaga, a
Nature of busine	ss or purposes to be conduc	ted or	promoted in Florida:	
	ineering Consulting Serv	•		
	Ma 1 L			•
0	Signature of a member or	an autl	norized representative of a me	—— mber.
	(In accordance with section 608.40	)8(3), F.S	i., the execution of this document constity that the facts stated herein are true.)	
	Toya S. Williams	~- b1 m	,	
	Typed or p	rinted	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:

Williams & Carpenter Integrated Systems Consulting, LLC

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

Toya S. Williams				٦,,	0	
(Name)			ALL A	17 APF		
335 Island Oaks Place			AS THE	$\frac{2}{3}$	$\exists$	
Florida Street Ac	ldress (P.O. Box	NOT ACCEPTABLE)		SEE, FI	=	ED.
Merritt Island	FL	32953		OR S	<u></u>	
	City/State/2	Zip		<b>P</b> F	ယ	

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.

(Signature)

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

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT WILLIAMS & CARPENTER INTEGRATED SYSTEMS CONSULTING, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 11, 2007.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097