

MO9000001505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

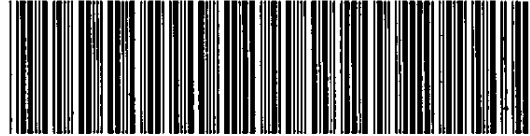
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/31/16--01019--013 **25.00

FILED
2016 MAY 31 PM 5:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CELERITY IT, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eleanore Minitier

Name of Person

Celerity IT, LLC

Firm/Company

8401 Greensboro Drive Suite 500

Address

McLean VA 22102

City/State and Zip Code

eminitier@celerity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eleanore Minitier

Name of Person

at (703) 848-3715

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

Please note that managers are not identified at the state level (Virginia). Therefore a certificate from Virginia evidencing the Amendment is not Attached. Instead I have Attached a Certificate of fact

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

page 1 of 2

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CELERITY IT, LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

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TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M09000001505

3. Jurisdiction of its organization: Virginia

4. Date authorized to do business in Florida: April 22, 2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

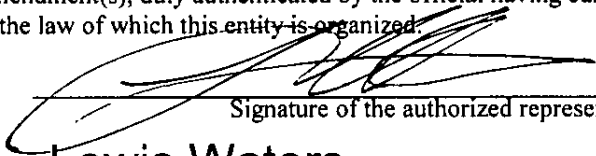
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|------------------------|-------------------------------------|--|
| Member | <u>Mark Brahms</u> | <u>8401 Greensboro Dr, STE 500</u> | <input type="checkbox"/> Add |
| | | <u>McLean VA 22102</u> | <input checked="" type="checkbox"/> Remove |
| Member | <u>Michael Berkman</u> | <u>8401 Greensboro Dr. STE. 500</u> | <input type="checkbox"/> Add |
| | | <u>McLean, VA 22102</u> | <input checked="" type="checkbox"/> Remove |
| Manager | <u>Michael Berkman</u> | <u>8401 Greensboro Dr. STE. 500</u> | <input checked="" type="checkbox"/> Add |
| | | <u>McLean VA 22102</u> | <input type="checkbox"/> Remove |
| Secretary | <u>Lewis Waters</u> | <u>8401 Greensboro Dr. STE 500</u> | <input type="checkbox"/> Add |
| | | <u>McLean VA 22102</u> | <input checked="" type="checkbox"/> Remove |
| Manager | <u>Lewis Waters</u> | <u>8401 Greensboro Dr. STE. 500</u> | <input checked="" type="checkbox"/> Add |
| | | <u>McLean VA 22102</u> | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized:



Signature of the authorized representative
Lewis Waters

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2016 MAY 31 PM 5:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**Florida Department of State
Division of Corporations**

**AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

CELERITY IT, LLC

Florida Document Number: M09000001505

Page 2 of 2

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change

Title: Manager
NAME: Jerome Gontard
Change Type: Add

ADDRESS:
ADDRESS: 8401 Greensboro Dr. Suite 500
CITY: McLean
STATE: VA **ZIP:** 22102

Title: Manager
NAME: Philippe Morsillo
Change Type: Add

ADDRESS
ADDRESS: 8401 Greensboro Dr. Suite 500
CITY: McLean
STATE: VA **ZIP:** 22102

Title: Manager
NAME: David Sierpinski
Change Type: Add

ADDRESS
ADDRESS: 8401 Greensboro Dr. Suite 500
CITY: McLean
STATE: VA **ZIP:** 22102

Title: Member
NAME: Ausy North America, Inc.
Change Type: Add

ADDRESS
ADDRESS: 8401 Greensboro Dr. Suite 500
CITY: McLean
STATE: VA **ZIP:** 22102

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Celerity IT, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 6, 2001; and

That the limited liability company is in existence 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:
May 24, 2016*

Joel H. Peck
Joel H. Peck, Clerk of the Commission

