Florida Department of State Division of Corporations

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name

: HARVARD BUSTNESS SERVICES, INC.

Account Number: I20080000045 Phone

: (302)645-7400

Fax Number

: (302)645-1280

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Address: | | |
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Applied Strategic Technologies, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu Corporate Filing Menu IICEXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|---|--|--|
| SUBJEC | CT: Applied Strategic Technologies, LLC | |
| | Name of Limited Liability Company | |
| | | |
| Please re | return all correspondence concerning this matter to the following: | |
| | Paul Sponaugle | |
| | Name of Person | |
| | · · | |
| | Harvard Business Services, Inc. | |
| | Firm/Company | |
| | 16102 Constal Hung | |
| | Address | |
| | | |
| | Lewes, DE 19958 | |
| | City/State and Zip Code | |
| SUBJECT: Applied Strategic Technologies, LLC Name of Limited Liability Company The enclosed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. Please return all correspondence concerning this matter to the following: Paul Sponaugle Name of Person Harvard Business Services, Inc. Firm/Company 16192 Coastal Hwy Address Lewes, DE 19958 | | |
| | | |
| For furth | her information concerning this matter, please call: | |
| | Paul Sponaugle at (302) 644-6263 | |
| | Name of Person Mea Code & Dayline Persone Number | |
| | | |
| | Registration Section Registration Section | |
| | | |
| | | |
| Enclose | sed is a check for the following amount: | |
| Г | | |
| L | | |

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:

| ١. | Applied Strategic Technologies, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | | | |
|------------|--|---|--|--|
| COI | (If name unavailable, enter alternate name adopted for the purpose of transact consent of the managers or managing members adopting the alternate name. Tompany, ""L.L.C." (L.C.") | ing business in Florida and attach a copy of the written he alternate name must include "Limited Liability. | | |
| 2. | 2 Delaware 3 3 | 2-0244899 | | |
| -\ | 2. Delaware 3. 3. 3. 3. 3. | (FEI number, if applicable) | | |
| 4. | 4. November 2, 2007 5. (Duration) (Duration) | perpetual E. Year limited liability company will cease to | | |
| ., | (Date of Organization) (Duration exist or | n: Year limited liability-company will cease to perpennil") | | |
| 6. | 6. No business transacted in Florida prior to registration | | | |
| ٠. | (Date first transacted business in Florida, if prior (See sections 608.501 & 608.502 F.S. to determine | to-registration.) penalty liability) | | |
| 7. | 7. 2220 Central Ave. | | | |
| | St. Petersburg, FL 33715 | | | |
| | (Street Address of Principal C | Office) | | |
| 8. | 8. If limited liability company is a manager-managed company, | check here | | |
| 9 . | 9. The name and usual business addresses of the managing mem | bers of managers are as follows: | | |
| | PM Services Company | | | |
| | 2220 Central Ave. | | | |
| | St. Petersburg, FL 33715 | • | | |
| the | 10. Attached is an original certificate of existence, no more than 90 days old, duly the jurisdiction under the law of which it is organized. (A photocopy is not accept translation of the certificate under eath of the translator must be submitted.) | | | |
| 11 | 11. Nature of business or purposes to be conducted or promoted | in Florida: | | |
| | Government Contracting Se | ervices | | |
| | 93/05 | · · · · · · · · · · · · · · · · · · · | | |
| | Signature of a member of an authorized rep (In accordance with section 608.408(3), F.S., the execution and firmation under the penalties of perjury that the fact scott Barfield, Authorized Representative | on of this document constitutes is stated herein are true.) | | |

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.

| The name of the Limited Liability Company is: Applied Strategic Technologies, LLC | |
|---|--|
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | 11 N + 1 11 2 11 11 11 11 11 11 11 11 11 11 11 |
| NRAI Services, Inc. | |
| 2731 Executive Park Drive, Suite 4 | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| Weston, FL 33331 City/State/Zip | |
| Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate. I hereby accept the appointment of | |

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, Floridu Statutes.

Asst. Soc. - NRAI Services, Inc.

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APPLIED STRATEGIC TECHNOLOGIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2009.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APPLIED STRATEGIC TECHNOLOGIES, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2007.

091023438



AUTHENTY CATION: 7645490

DATE: 11-17-09