# #///200002672

•
(Requestor's Name)
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PICK-UP WAIT MAIL
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12 MAY IN PM 4: 44
SECRETARY OF STATE
ALL ANA SSEEL FLORING

K.SALY EXAMINER MAY 14 2012



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2012

SEIDCON, INC. / SHERRI SOMMER IMMEL 106 EDWARD DR. PALM COAST, FL 32164

SUBJECT: ALLIANT ACROSS AMERICA INFORMATION SERVICES, LLC

Ref. Number: W12000018549

We have received your document for ALLIANT ACROSS AMERICA INFORMATION SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 612A00010854

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Alliant Across America Information Services, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign 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:
Sherri Sommer Immel
Name of Person
SEIDCON, Inc.
Firm/Company
106 Edward Drive
Address
Palm Coast, FL 32164
City/State and Zip Code
sherri.sommer@a3is-llc.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sherri Sommer Immel at (760 ) 510-9800
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\int_{125.00}\$ \text{Filing Fee} \text{\text{\text{S}130.00 Filing Fee & Certificate of Status}} \int_{155.00}\$ \text{Filing Fee & Certificate Copy} \int_{160.00}\$ \text{Filing Fee, Certificate 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. Alliant Across America Information Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Li	ability Company," "L.L.C.," or "LLC.")
A3IS, LLC	
(If name unavailable, enter alternate name adopted for the purpose of transacting consent of the managers or managing members adopting the alternate name. The Company," "L.L.C," "LLC.")	g business in Florida and attach a copy of the written e alternate name must include "Limited Liability
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 20-58116	(FEI number, if applicable)
4. $\frac{07/01/2007}{\text{(Date of Organization)}}$ 7. Perpetual (Duration: exist or "potential or "potent	Year limited liability company will cease to
6. February 1, 2011  (Date first transacted business in Florida, if prior to (See sections 608.501 & 608.502 F.S. to determine p	registration.) enalty liability)
7. A3IS, c/o SEIDCON, Inc., 1911 Riviera Drive, Vista	三〇三
(Street Address of Principal Of	fice)
8. If limited liability company is a manager-managed company, ch	neck here vers or managers are as follows
<ol> <li>The name and usual business addresses of the managing member</li> <li>A3IS, LLC, c/o Kirk Immel, President, 106 Edward Driv</li> </ol>	V 1 3
A3IS, c/o SEIDCON, Inc., 7272 Wisconsin Avenue, Ste. 300, Attn: Bill f	MacHarrie, Manager, Bethesda, MD 20814
A3IS, LLC, c/o Sherri Sommer Immel, Controller, 106 Ed	ward Drive, Palm Coast, FL 32164
10. Attached is an original certificate of existence, no more than 90 days old, duly at the jurisdiction under the law of which it is organized. (A photocopy is not acceptable translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in	n Florida: Management & Administrative Support to
US Government Contractors working on site at the US Paten	t & Trademark Office in Arlington, VA
Shin & Some I	
Signature of a member or an authorized repr	
(In accordance with section 608.408(3), F.S., the execution of this doc penalties of perjury that the facts stated herein are true. I am aware t	ument constitutes an affirmation under the
document to the Department of State constitutes a third degree	felony as provided for in s.817,155, F.S.)
Sherri Sommer Immel	

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:
Alliant Across America Information Services, LLC
If unavailable, the alternate to be used in the state of Florida is:
A3IS, LLC
2. The name and the Florida street address of the registered agent and office are:
Kirk Immel
(Name)
106 Edward Drive
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Palm Coast, FL 32164 FL
City/State/Zip
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 register

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)

## Delaware PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIANT ACROSS AMERICA INFORMATION SERVICES, 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 TWENTY-NINTH DAY OF MARCH, A.D. 2012.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLIANT ACROSS AMERICA INFORMATION SERVICES, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2006.

4244105 830 120371982

AUTHENTICATION: 9468802

DATE: 03-29-12