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Division of Corporations
Fax Number : (850) 617-6383

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### Foreign Limited Liability Company Achilles Consulting Group, LLC

Certificate of Status	0
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EXAMINER

Line Corporate Filing Menu Help

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#### COVER LETTER

	ation Section n of Corporations				
SUBJECT:	Achilles	Consulting Group, LLC			
		lame of Limited Liability Company	, , , , , , , , , , , , , , , , , , ,		
Existence, and c	heck are submitted to register the	ability Company for Authorization to T above referenced foreign limited liabili			
Please return all	correspondence concerning this	matter to the following:			
,		Barbara Dang			
		Name of Person			
	•	Legalzoom.com, Inc.	Ass	2112	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	ê Î	and deper
	1	00 W. Broadway Sulte 100	ASS	<u> </u>	promise)
		Address	C of		(1)
		Glendale, CA 91210		- T	$\bigcirc$
		City/State and Zip Code	Pr.	27	
		mikestehn@yahoo.com			
	E-mail address	: (to be used for future annual report no	tification)		
For further infor	mation concerning this matter, pl	ease call:	•		
	Barbara Dang	at ( 323 _)	962-8600		
	Name of Person	Area Code & Daytime Telephor	ne Number		
Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ration Section ox 6327 ussee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a	check for the following am	ount:			
	5.00 Filing Fee \$130.00 Fi	ling Fee & \$\sqrt{\$155.00}\$ Filing Fee &			
	Certificat	e of Status Certified Copy	of Status & Certi	пеа Сору	

### 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 RESINESS. IN THE STATE OF FLORIDA.

Ш	AII ED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	Achilles Consulting Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written asent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
3	Virginia 2
٤.	Virginia  Jurisdiction under the law of which foreign limited liability  company is organized)  3.  (FEI number, if applicable)
4	09/19/2011 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cease to
••	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
•	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	
	Alexandria, VA 22310  (Street Address of Principal Office)
	(Street Address of Principal Office)
	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	Michael J. Stehn, 5629 Clermont Drive, Alexandria, VA 22310
	Joseph Yezzi, 5629 Clermont Drive, Alexandria, VA 22310
	Keith Stilwell, 5629 Clermont Drive, Alexandria, VA 22310
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under outh of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:
	Consulting Defender, Intelligence, Security.
	Signature of a member of an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	Michael J. Stehn
	. 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:		
	Achilles Consulting Group, LLC	·	<del></del>
If unavailable, th	e alternate to be used in the state of Florida is:		
2. The name and	I the Florida street address of the registered agent and office are:	TALLONG ALLONG	2817 FS4
•	Keith Stilwell	70 Jun .	
•	(Name)		ല :
		(T) 400	- <u>p</u>
	4694 Winderdale Drive	47 C	
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)		<del>1</del> 2
•	•	(E) (T)	Ľ
	Pace FL 32571	•	
•	City/State/Zip	_	
liability company agent and agree i relating to the pro	ned as registered agent and to accept service of process for the above at the place designated in this certificate, I hereby accept the appoint to act in this capacity. I further agree to comply with the provisions apper and complete performance of my duties, and I am familiar with a position as registered agent as provided for in Chapter 608, Florida (Signature)	tment as reg of all statutes and accept to	zistered S
	\$ 100.00 Filing Fee for Application		
	\$ 25.00 Designation of Registered Agent		

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

# Commondoealth of Hirginia



## State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That Achilles Consulting Group, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is September 19, 2011; 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: October 10, 2012

Joel H. Peck, Clerk of the Commission