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FILED
2014 FEB 10 P 3 29
FEB 10 2014

B. BOSTICK

FEB 11 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bowhead Systems Management, 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:

Shobana Mohan

Name of Person

Bowhead Systems Management, LLC

Firm/Company

4900 Seminary Road, Suite # 1200

Address

Alexandria, VA 22311

City/State and Zip Code

shobana.mohan@bowheadsupport.com

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

For further information concerning this matter, please call:

Shobana Mohan

Name of Contact Person

703

Area Code

578-5548

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, 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 amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

FILED
2014 FEB 10 P 3:28
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Bowhead Systems Management, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Alaska

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-5238259

(FEI number, if applicable)

4. 09/17/2013

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Naval Air Station Pensacola, 150 Hase Road, Suite# A, Pensacola, FL 32508-1051

(Street Address of Principal Office)

6. 4900 Seminary Road, Suite # 1200, Alexandria, VA 22311

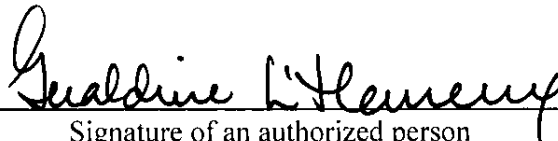
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

UIC Technical Services, LLC - Member, 4900 Seminary Road, Suite # 1200, Alexandria, VA 22311

Geraldine L'Heureux - Member Representative, 4900 Seminary Road, Suite # 1200, Alexandria, VA 22311

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Geraldine L'Heureux

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Bowhead Systems Management, 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:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

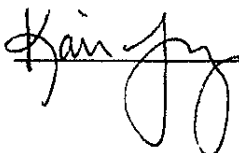
Tallahassee

FL 32301

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 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 605, Florida Statutes.

Corporation Service Company



By: Karissa Lowry, Assistant Secretary

(Signature)

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

FILED
2014 FEB 10 P 3:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Alaska Entity #102422

State of Alaska
Department of Commerce, Community and Economic Development
Corporations, Business and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Bowhead Systems Management, LLC

This entity was formed on July 19, 2006 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **January 06, 2014**.

Susan K. Bell
Commissioner

FILED
2014 FEB 10 P 3:29
OFFICE OF THE
CLERK OF THE
STATE OF ALASKA

State of Alaska

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

I certify that the attached one (1) page are a true copy of the records on file with the Department of Commerce, Community and Economic Development, Division of Corporations, Business and Professional Licensing.

FILED
2014 FEB 10 PM 3:29
DIVISION OF CORPORATIONS
AND PROFESSIONAL LICENSING
STATE OF ALASKA



Susan Bell

Susan Bell
Commissioner

Certified By:

Rachel Lokke
Rachel Lokke*

Date: January 6, 2014

*This document is not valid unless an original
signature is present.