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#### **COVER LETTER**

Division of Corporations
SUBJECT: Day Blink Consulting, 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:
Michael Wong Name of Person
DayBlink Consulting
7918 Jones Branch Drive Suite 430
McLean VA 22102 City/State and Zip Code
michael. wond day blink consulting. Com  E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Ubra at (703) 869-1309  Name of Contact Person Area Code 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:  \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status  Certificate of Status  Certified Copy  Of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Druplink Casulfina 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. Wind Tarin Land Company is organized.  (Date first transacted business in Florida, if prior to registration.)  (See sections 603.0904 & 605.0905, F.S. to determine penalty liability)  5. F918 pores Branch Suite 480  McLean VA 22102 (Street Address of Principal Office)  6. F918 pores Branch Suite 430  McLean VA 22102 (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Michael Wong (CO Quiner Samb Bournay) Human Resource Director  Samb Bournay Human Resource Director  Manage Wall of the certificate under oath of the translator must be submitted)  (In accordance with section 605.0200, F.S., the execution for this document constitutes as a furnship under the penalties of perjuny that the finits stated berein are true. I am aware that any false information submitted in a document to the Department of State combinates a third degree felony as provided for in a \$17.155, F.S.)  Manage Wong 4	IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Liability Company, "LLC," or "LLC."  2. VIAMA  Clurisdiction under he law of which foreign limited liability  (FEI number, if applicable)  (Dath first transacted business in Florida, if prior to registration.)  (See sections 605, 9094 & 605, 0903, F. S. to determine pensity liability)  5. 7918 pages  Branch, Suite 430  McLean, VA 22102  (Street Address of Principal Office)  6. 7918 pages  Branch, Suite 430  (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Michael Ward (Mailing Address)  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 physrocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)  (In accordance with section 605,0201, F.S., the execution of this document constitutes an altimation 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 confirmed a third degree felony as provided for in s 817,155, F.S.)	1. Du Blink Consulting LLC Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
4. September 8 2014 (Date first inspaced business in Florida, if prior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability)  5. 7918 Jones Branch Suite 430  McLean VA 22103 (Street Address of Principal Office)  6. 7918 Jones Branch Suite 430  McLean VA 22103 (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Michael Wang (ED Owner  Sarah Bournary Human Resource Director  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 phitrooppy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)  Again and official having custody of records in the jurisdiction under the law of which it is organized. (A phitrooppy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)  Again to 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 confirmed a third degree felony as provided for in s 817.155, F.S.)  Manage Wang I provided for in s 817.155, F.S.)	
(Sate first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 7918 Jones Branch, Suite 480  McLean, VA 22102  (Street Address of Principal Office)  6. 7918 Jones Branch, Suite 430  McLean, VA 22102  (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Michael Wong (CO) Owner  Sarah Bowman Human Resource Director  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 altimation under the penalties of perjury that the facts stated herein are tne. I am aware that any false information submitted in a document to the Department of State continues a third degree felony as provided for in s 817.155, F.S.)  **Macuse**  **Way 4**	2. Vivain a 3. 46-2754800 (Jurisdiction under the law of which foreign limited liability company is organized)  3. 46-2754800 (FEI number, if applicable)
McLean, VA 22102  (Street Address of Principal Office)  6. 7918 Jones Branch, Suite 430  McLean, VA 22102  (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Michael Wang (CO) Owner  Samh Bownan, Human Resource Director  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 philosophys not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)  **Ignature of an authorized person**  (In accordance with section 605.0203, F.S., the execution of this document constitutes an alimation 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 continues a third degree leiony as provided for in a 817.155, F.S.)  **Muse Way 4**	(Date first transacted business in Florida, if prior to registration.)
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McLean VA 22103  (Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Michael Wong (EO Owner)  Samh Bowman Human Resource Director  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 alternation 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 continues a third degree felony as provided for in \$ 817.155, F.S.)  Microsc. Wong 4	MCLean, VA 22102 (Street Address of Principal Office)
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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 altirmation 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 \$ 817.155, F.S.)  Michigan Wow 4	Sarah Bowman, Human Resource Director
Michael Works	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 alternation under the penalties of perjury that the facts stated herein are true. I
Typed or printed name of signed	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:		
Day Blink Consulting, 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:		
Michael Wong (Name)		
11048 Clipper CT Florida Street Address (P.O. Box NOT ACCEPTABLE)	SECRE	15 JAN
Windermore FL 34786 City/State/Zip	ASSEE, FL	16 PH 1
Having been named as registered agent and to accept service of process for the above s liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the prestatutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 605	ment as ovisions o r with an	of all ed
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)		
5 5.00 Certificate of Status (optional)		

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## State Corporation Commission

### CERTIFICATE OF FACT

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

That DayBlink Consulting 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 23, 2014; 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.

15 JAN 16 PH 1:22
SECRETARY OF STATE



Signed and Sealed at Richmond on this Date: January 12, 2015

Joel H. Peck, Clerk of the Commission