Page 1 of 1



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 205-8842

Fax Number

: (850)878~5368

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

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### Foreign Limited Liability Company PORTICO SERVICES, LLC

Certificate of Status 0	
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Page Count	05
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MAR 18 2015

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#### COVER LETTER

	COVER DATEER
TO: Registration Section Division of Corpora	
SUBJECT: Portico Services	uc
	Name of Limited Liability Company
Existence, and check are subm	Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of itted to register the above referenced foreign limited liability company to transact business in Florida
Ashley Rorre	
	Name of Person
Portico Servi	ces, LLC
· · · · · · · · · · · · · · · · · · ·	Firm/Company
13873 Park C	Center Road, Suite 400N
	Address
Hemdon, VA	20171 三名 5
	City/State and Zip Code
ashley.rorrer@	Qakima.com
<u></u>	Pakima.com  F-mail address: (to be used for future annual report notification)
For further information concer-	ning this matter, please call:
Ashley Rorrer	Control of the Contro
	nt (571 ) 482-5331  Ne of Contact Person Arus Code Days Ime Telephone Number
MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, PL 3231	S: STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building
Enclosed is a check for th SS \$125.00 Filing Fee	

# 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.

The name     Portice Service	e of the Limited Liability	Company is:	
If unavailabl	e, the alternate to be used	d in the state of Floridu is:	
2. The name	and the Florida street ac	idress of the registered agent and office are:	<del></del>
	C T Corporation System		
		(Name)	· 产贸 <b>37</b>
	1200 South Pine Island 1	Rasd	TARRET T
	Florida St	rect Address (P.O. Dox NOT ACCEPTABLE)	
	Plantation	FL 33324	
		City/State/Zip	ର୍ଚ୍ଚ ର
			절음 <u>의</u>
liability comp registered ago statutes relati	any at the place designate ent and agree to act in thing ing to the proper and com	nt and to accept service of process for the above seed in this certificate. I hereby accept the appoint is capacity. I further ogree to comply with the properties performance of my duties, and I am familia is registered agent as provided for in Chapter 60.	ment as Povisions of all or with and

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

S 5.00 Cortificate of Status (optional)

(Signature)

By: C T Corporation System

Todd B. Proper
Vice President and Assistant Secretary

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

IN COMPIJANCE 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:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1. Portico Services, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
(If name unavoilable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate mane must including Company," "L.L.C," or "L(LC,")	ude "Limit	ed
2. Alaska [Jurisdiction under the law of which fareign limited liability company is organized)  (Fill comber, if applicable)		
4. N/A		
(Date first Immsucted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5. 10126 Residency Road, Suite 100		
Manassas, VA 20110		
(Street Address of Principal Office)		
5. 13873 Park Center Road, Suite 400N	70	5
Herndon, VA 2017)		
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are		17
Doug Krause, Hanager. 10126 Residency Road, Suite 100, Manussas, VA 20110		- 2
Larry Mechner, Hanager. 13873 Park Center Road, Suite 400N, Hemdon, VA 20171	30 Pg	75
	9m	· <u>(2)</u>
B. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the must be submitted)  Signature of an authorized person In accordance with section 605 0201, 1°5, the execution of this document constitutes an affineation under the penalties of person that the theta signature standard stay false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a \$17.15	s not c translat ued herein a	lor
Larry Mechner		
Typed or printed name of signed		



### 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:

#### Portico Services, LLC

This entity was formed on April 16, 2004 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 March 12, 2015.

Fred Parady Commissioner