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Florida Department of State
Division of Corporations
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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.****

Email Address: _____

Foreign Limited Liability Company
CYBERVISTA LLC

Certificate of Status	0
Certified Copy	0
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FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Help

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

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:

1. CyberVista 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. Delaware

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

3. 47-5312658

(FBI number, if applicable)

4. Upon registration.

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

5. 1300 North 17th Street, Suite 1700, Arlington, VA 22209

(Street Address of Principal Office)

6. 1300 North 17th Street, Suite 1700, Arlington, VA 22209

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.

By:

C T Corporation System

(Registered agent's signature)

Judith Argao
Vice President
and Assistant Secretary

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

See attached.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

Elaine Wolff

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Elaine Wolff, Authorized Person

Typed or printed name of signer

**CyberVista LLC
Managers and Members**

<u>Title</u>	<u>Name</u>	<u>Address</u>
Manager	Amjed Saffarini	1300 North 17 th Street, Suite 1700 Arlington, VA 22209
Manager	Nicole Maddrey	1300 North 17 th Street, Suite 1700 Arlington, VA 22209
Manager	Gerald Rosberg	1300 North 17 th Street, Suite 1700 Arlington, VA 22209
Member	Graham Holdings Company	1300 North 17 th Street, Suite 1700 Arlington, VA 22209

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TALLAHASSEE, FLORIDA

**CyberVista LLC
Officers**

<u>Title</u>	<u>Name</u>	<u>Address</u>
President and Chief Executive Officer	Amjed Saffarini	1300 North 17 th Street, Suite 1700 Arlington, VA 22209
Secretary and Vice President	Nicole M. Maddrey	1300 North 17 th Street, Suite 1700 Arlington, VA 22209
Assistant Secretary and Vice President	Elaine Wolff	1300 North 17 th Street, Suite 1700 Arlington, VA 22209
Assistant Treasurer	Daniel J. Lynch	1300 North 17 th Street, Suite 1700 Arlington, VA 22209
Vice President, Cyber Security Training	Simone Petrella	1300 North 17 th Street, Suite 1700 Arlington, VA 22209

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TALLAHASSEE, FLORIDA

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CYBERVISTA 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 SIXTEENTH DAY OF OCTOBER, A.D. 2015.

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



5814673 8300

SR# 20150536864

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 10251530

Date: 10-16-15