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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 251940 4816118

AUTHORIZATION : Spelbole man

COST LIMIT : \$125.000

ORDER DATE : August 11, 2016

ORDER TIME : 3:04 PM

ORDER NO. : 251940-040

CUSTOMER NO: 4816118

LOCKHEED MARTIN TECHNICAL

XXXX QUALIFICATION (TYPE: CO)

NAME:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

OPERATIONS, LLC

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

I	chnical Operations, LLC			
(Name of For	eign Limited Liability Company: must include "Limi	ted Liability Company," "L.L.C	i.ii or "LLC.")	
Liability Company," "L.L.C."	Iternate name adopted for the purpose of transacting "or "LLC.")	business in Florida. The alterna	te name must include "Limited	
2. California	3.			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)				
4				
	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to de	prior to registration.)		
5. 1 Curie Court, Rocks				
			d	
	(Street Address of Principal Office)		ZOÎĞ	
6. 1 Curie Court, Rocky	rille, MD 20850			
			AUG T	
 	(Mailing Address)		- 1 33 - 17	
	<u>-</u>		- N	
Name and street address	ss of Florida registered agent: (P.O. Box) <u>NOT</u>	acceptable)		
Name:	Corporation Service Company	*		
Office Address:	1201 Hays Street		55 55	
	Tallahassee	, Florida 32301		
	(City)	(Zip cod	le)	
designated in this applica to complywith the provisi	rgistered agent and to accept service of process tion, I hereby accept the appointment as registions of all statutes relative to the proper and comy position as registered agent. Corporation Service Company By:	ered agent and agree to act	in this capacity. I further agreduties, and I am familiar with a	
	(Registered agent's sign	nature)	Melissa Zender	
8 The name title or can:	acity and address of the person(s) who has/have	authority to manage is/are:	Asst. Vice President	
	pration, as sole member, 6801 Rockledge D	=		
Lockneed Wartin Corpe	oration, as sole member, out intoknedge c	Mive, Dethesoa, MD 2001	f	
		a foreign language, a translat		
	Xactty X Cllle Signature of an authorize	d mercun		
	- J Signature of an authorized	u person		
	d in accordance with section 605.0203 (1) (b). For the Department of State constitutes a third degramment of State constitutes are secured to the constitutes are secured to the constitutes are secured to the constitution of th			

Typed or printed name of signce

Kathy L. Allen, Authorized Person

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: LOCKHEED MARTIN TECHNICAL OPERATIONS, LLC

FILE NUMBER:

201622210378

FORMATION DATE:

08/09/2016

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

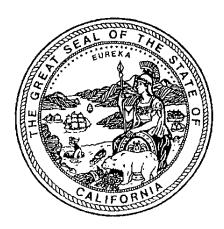
STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 9, 2016.

ALEX PADILLA Secretary of State