

M16000007582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

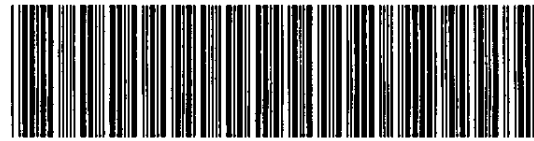
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECLERK OF STATE
ANNASSEE, FLORIDA

FEB 21 A 10 38

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FEB 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Curis IT LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Grodi

Name of Person

PilieroMazza PLLC

Firm/Company

888 17th Street, NW, 11th Floor

Address

Washington, DC 20006

City/State and Zip Code

antonio.moscatelli@associatedveterans.com

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

For further information concerning this matter, please call:

Melissa Grodi

at (202) 857-1000

Area Code & Daytime Telephone Number

Name of Person

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Curis IT LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000007582

3. Jurisdiction of its organization: Hawaii

4. Date authorized to do business in Florida: 09/23/16

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Associated Veterans, LLC - Quality Solutions
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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FEB 21 AM 10:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records
jurisdiction under the law of



Signature of the authorized representative

Antonio Moscatelli

Typed or printed name of signee

Filing Fee: \$25.00

CLERK OF STATE
TREASURY OF FLORIDA

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FEB 21 AM 10:38

www.BUSINESSREGISTRATIONS.COM

FORM X-12
7/2008

FILED 01/13/2017 04:56 PM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii

1.00

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727



ARTICLES OF MERGER

(Section 414-315, 414D-203, 425-204, 425E-1107, 428-905, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, certify as follows:

1. The names and state of formation of the entities proposing to merge (including the survivor) are:

NQ

(1) Associated Veterans, LLC - Quality Solutions 423656 ZZ

(Type/Print Name of Entity)

a (check one): ☐ Profit Corp. ☐ Professional Corp. ☐ Nonprofit Corp. ☐ General Partnership
☐ Limited Partnership ☒ LLC ☐ LLP (If LLP must also check General Partnership) ☐ LLLP

formed under the laws of: Commonwealth of Virginia ;
(State)

(2) Curis IT LLC 101752 C5

(Type/Print Name of Entity)

a (check one): ☐ Profit Corp. ☐ Professional Corp. ☐ Nonprofit Corp. ☐ General Partnership
☐ Limited Partnership ☒ LLC ☐ LLP (If LLP must also check General Partnership) ☐ LLLP

formed under the laws of: Hawaii ;
(State)

(3) _____
(Type/Print Name of Entity)

a (check one): ☐ Profit Corp. ☐ Professional Corp. ☐ Nonprofit Corp. ☐ General Partnership
☐ Limited Partnership ☐ LLC ☐ LLP (If LLP must also check General Partnership) ☐ LLLP

formed under the laws of: _____ ;
(State)

(4) _____
(Type/Print Name of Entity)

a (check one): ☐ Profit Corp. ☐ Professional Corp. ☐ Nonprofit Corp. ☐ General Partnership
☐ Limited Partnership ☐ LLC ☐ LLP (If LLP must also check General Partnership) ☐ LLLP

formed under the laws of: _____ ;
(State)

2. The name, state of formation and address of the surviving entity is:

Curis IT LLC

(Type/Print Name of Entity)

101752 C5Hawaii

(State)

136 Laukahi Street, Kihei, HI 96753

(Type/Print Street Address)

3. The Plan of Merger has been approved in accordance with the applicable laws of each entity that is a party to this merger.

4. Check one:

- a. ☒ Changes to the organizing articles of the surviving entity to be effected by the merger are attached.
b. ☐ The organizing articles of the surviving entity shall not be amended pursuant to this merger.

5. All entities party to this merger agree:

- a. That the surviving entity may be served with process in this State in any action or proceeding for the enforcement of any liability or obligation of any entity previously subject to suit in this State which is to merge, and irrevocably appoints the following as its agent to accept service of process in any such proceeding.

Antonio Michele Moscatelli

(Name of Agent) (State)

Hawaii136 Laukahi Street, Kihei, HI 96753

(Street Address in Hawaii of Agent)

- b. For the enforcement of the right of any dissenting member, shareholder, or partner to receive payment for their interest against the surviving entity.

6. The merger is effective on the date and time of filing the Articles of Merger or at a later date and time, no more than 30 days after the filing, if so stated. Check one of the following statements:

☒ Merger is effective on the date and time of filing the Article of Merger.

☐ Merger is effective on _____, at _____ m.,
Hawaiian Standard Time, which date is not later than 30 days after the filing of the Articles of Merger.

FORM X-12
7/2008

01/18/2017: Sess 10183

We certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208, and 428-1302, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this Articles of Merger, and that the above statements are true and correct.

Signed this 14th day of January, 2017

Surviving entity: Curis IT LLC

(Type/Print Entity Name)

Antonio Moscatelli
(Signature)

Antonio Moscatelli, Member

(Type/Print Name & Title)

Merging entity(s): Associated Veterans, LLC - Quality Solutions

(Type/Print Entity Name)

(Signature)

President and Chief Executive Officer

(Type/Print Name & Title)

Merging entity(s): _____

(Type/Print Entity Name)

(Signature)

(Type/Print Name & Title)

Merging entity(s): _____

(Type/Print Entity Name)

(Signature)

(Type/Print Name & Title)

SEE INSTRUCTIONS ON REVERSE SIDE

We certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208, and 428-1302, Hawaii Revised Statutes, as applicable, that we have read the above statements, we are authorized to sign this Articles of Merger, and that the above statements are true and correct.

Signed this _____ day of _____

Surviving entity: Curis IT, LLC

(Type/Print Entity Name)


(Signature)

President and Chief Executive Officer

(Type/Print Name & Title)

Merging entity(s): Associated Veterans, LLC - Quality Solutions

(Type/Print Entity Name)


(Signature)

Richard E. Larson

President and Chief Executive Officer

(Type/Print Name & Title)

Merging entity(s): _____
(Type/Print Entity Name)

(Signature)

(Type/Print Name & Title)

Merging entity(s): _____
(Type/Print Entity Name)

(Signature)

(Type/Print Name & Title)

SEE INSTRUCTIONS ON REVERSE SIDE

The name of the limited liability company is:
ASSOCIATED VETERANS, LLC - QUALITY SOLUTIONS



Department of Commerce and Consumer Affairs

CERTIFICATE OF MERGER

I, CATHERINE P. AWAKUNI COLÓN, Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that ASSOCIATED VETERANS, LLC - QUALITY SOLUTIONS, a Commonwealth of Virginia limited liability company, has been merged with and into CURIS IT LLC, a Hawaii limited liability company; that the name of the surviving limited liability company is CURIS IT LLC, whose name has, pursuant to the Articles of Merger, been changed to ASSOCIATED VETERANS, LLC - QUALITY SOLUTIONS; that the Articles of Merger in conformity with Chapter 428, Hawaii Revised Statutes, was filed in the Department of Commerce and Consumer Affairs on January 13, 2017, and that the merger became effective on January 13, 2017, at 4:56 p.m. Hawaiian Standard Time.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, State of Hawaii, this 19th day of January, 2017.

Catherine P. Awakuni Colón

Director of Commerce and Consumer
Affairs

