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K. SALY OCT - 7 2016 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 320797 7474718

AUTHORIZATION :

COST LIMIT : \$ (125.00

ORDER DATE : October 6, 2016

ORDER TIME : 12:08 PM

ORDER NO. : 320797-005

CUSTOMER NO: 7474718

#### FOREIGN FILINGS

NAME: JENKINS SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Jenkins Services, LLC			
(Name of Fore	ign Limited Liability Company: must include "L	imited Liability Company,""L.L.C.,"	or "LLC.")
Liability Company," "L.L.C."	ternate name adopted for the purpose of transacti	ng business in Florida. The alternate r	name must include "Limited
2. North Carolina	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	sle)
4	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to	, if prior to registration.)	
5. 22980 Shaw Road	(See Beating Works Vit to Oktober 55, 115).		_ 1 26
Sterling, Virginia 201			2016 OCT
	(Street Address of Principal Off	ice)	
6. same			一级人
	(Mailing Address)		一 四 6 1
7. Name and street address	ss of Florida registered agent; (P.O. Box NC	<u>OT</u> acceptable)	
Name:	Corporation Service Company		<del>1</del>
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301 (Zip code)	
D 14 1 4	(City)	(Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept service of proc tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent.  Corporation Service Company	gistered agent and ugree to act in complete performance of my dut	this capacity. I further agree ies, and I am familiar with an
	By:		Melissa Zender
	(Registered agont's	signature)	st. Vice President
8. The name, title or capa	ncity and address of the person(s) who has/ha	ive authority to manage is/are:	
D. Brian Bastis, Vice Pre-	sident, 22980 Shaw Road, Sterling, Virginia	20166	
	11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ubmitted)		
	Signature of an author	ized person	<u> </u>
	I in accordance with section 605.0203 (1) (b)		

Typed or printed name of signee

D. Brian Bastis



# NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### JENKINS SERVICES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 7th day of April, 2008, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of October, 2016.

Elaine J. Marshall

Secretary of State