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(Requestor's Name)

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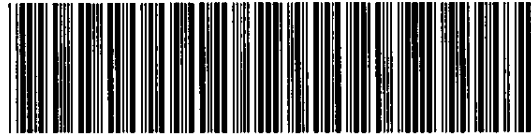
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850-656-4724

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3/7/17

Name:	X2-Solutions LLC
Document #:	
Order #:	James Gilmer

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Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: X2-Solutions, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Harbor Compliance

Name of Person

Harbor Compliance

Firm/Company

48-50 W. Chestnut Street, Suite 301

Address

Lancaster, PA 17603

City/State and Zip Code

tkeller@x2-solutions.com

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

For further information concerning this matter, please call:

Thomas Keller

540

454-7869

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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TALLAHASSEE, FL 32301

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. X2-Solutions, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Foreign
Liability Company," "F.L.C.," or "F.L.L.C."

2. Virginia

3. 47-1230174

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

(FEI number, if applicable)

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

5. 12020 Sunrise Valley Dr, Suite 100

Reston, VA 20191

(Street Address of Principal Office)

6. 12020 Sunrise Valley Dr., Suite 100

Reston, VA 20191

(Mailing Address)

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

Name	REGISTERED AGENTS INC
Office Address	3030 N. ROCKY POINT DRIVE, STE 150-A
	TAMPA, Florida 33607
	(City) (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.

(Registered agent's signature)

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

Thomas Keller, Manager, 12020 Sunrise Valley Dr, Suite 100, Reston VA 20191

Aan Vintimilla, Manager, 12020 Sunrise Valley Dr, Suite 100, Reston VA 20191

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)

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.

Thomas Keller

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That X2-Solutions, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is April 17, 2014; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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TALLAHASSEE, FLORIDA

*Signed and Sealed at Richmond on this Date:
March 6, 2017*



Joel H. Peck

Joel H. Peck, Clerk of the Commission