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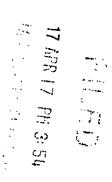
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Certified Copies	_ Certificates	s of Status		
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Special Instructions to Filing Officer:				
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Office Use Only



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O SIMMONS APR 1 8 2017



March 30, 2017

AKIMA TAX DEPARTMENT 13873 PARK CENTER RD, STE 400N HERNDON, VA:20171

SUBJECT: AKIMA INTRA-DATA, LLC

Ref. Number: W17000027260

We have received your document for AKIMA INTRA-DATA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 517A00006123

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	S					
SUBJECT:	AKIMA INTRA-DA						
Name of Limited Liability Company							
					nsact Business in Florida," Cert company to transact business in		
Please return	all correspondence c	oncerning this matter to the	following:				
	AKIMA TAX I	DEPARTMENT					
	Name of Person						
	AKIMA, LLC						
	Firm/Company						
	13873 PARK C	13873 PARK CENTER ROAD SUITE 400N					
	Address						
	HERNDON, VA 20171						
		City/St	ate and Zip Code				
	SALES.TAX@A	KIMA.COM					
		E-mail address: (to be used	for future annual r	eport noti	fication)		
For further in	nformation concerning	g this matter, please call:					
NO	NHEE SO		571 at (482-536	59		
	Name o	f Contact Person	Area Code	Day	time 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					
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	g Fee &	□ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate	

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:

AKIMA INTRA-DAT			
(Name of For	eign Limited Liability Company; must includ	le "Limited Liability Company," "L.L.C.,"	" or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of tran	sacting business in Florida. The alternate	name must include "Limited
2. ALASKA		20-0351251	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applica	ble)
4.			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) 'S, to determine penalty liability)	
5. 10807 NEW ALLEGI	ANCE DRIVE SUITE 350		
COLORADO SPRINO			
6. 13873 PARK CENTER	(Street Address of Principal R ROAD SUITE 400N	Office)	
			<u> </u>
HERNDON, VA 2017	(Mailing Address)		一 二二
7. Name and street addres	s of Florida registered agent; (P.O. Box	NOT acceptable)	
Name:	C T CORPORATION SYTEM	<u> </u>	
Office Address:	1200 SOUTH PINE ISLAND ROAD		PE
	PLANTATION	, Florida <u>33324</u>	<u>့</u>
Registered agent's accep	(City)	(Zip code)	<u></u>
designated in this application complywith the provision	gistered agent and to accept service of pition, I hereby accept the appointment as ons of all statutes relative to the proper on position as registered agent.	s registered agent and agree to act in and complete performance of my du	this capacity. I further agree ties, and I am familiar with and udith Argao.
	(Registered age	nt's signature) and As	sistant Secretary
8. The name, title or capa LARRY MECHNER, SEG	city and address of the person(s) who ha CRETARY	s/have authority to manage is/are:	
13873 PARK CENTER R	OAD SUITE 400N		
HERNDON, VA 20171			
O. Attached is a certificate urisdiction under the law coff the translator must be su		fuly authenticated by the official having is in a foreign language, a translation	ng custody of records in the nof the certificate under oath
	Signature of an aut	thorized person	
This document is executed	in accordance with section 605.0203 (1)		any false information
submitted in a document to	the Department of State constitutes a thin	rd degree felony as provided for in s.8	17.155, F.S.

Typed or printed name of signee

LARRY MECHNER

Alaska Entity #82261D

State of Alaska Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

AKIMA INTRA-DATA, LLC

This entity was formed on September 15, 2003 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective March 21, 2017.

Of Halix

Chris Hladick Commissioner