	DD4580
(Requestor's Name)	
(Address)	300299692733
(Address)	200222022732
(City/State/Zip/Phone #)	
(Business Entity Name)	SECRETARY ALLAHASSE
(Document Number)	TARY OF
rtified Copies Certificates of Status	A 8 42 E. FLORIDA
pecial Instructions to Filing Officer:	
	r ( <b> </b>
Office Use Only	
	D. BRUCE MAY 31 2017

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

Ē

	ACCOUNT NO.	:	1200000001	95		
	REFERENCE	:	662356	7113884		
	AUTHORIZATION	:	Servelle pol	-		
	COST LIMIT	:	\$ 125.00	Re-	à	
ORDER DATE :	May 30, 2017					
ORDER TIME :	12:48 PM					
ORDER NO. :	662356-005					
CUSTOMER NO:	7113884				2021	
	FOREIGN F	 ILI	NGS		HAY 30 A	
NAME :	TEKSYSTEMS GO SERVICES, LLC	VER	NMENT	- ORIDA	A B 42	D

\_.\_\_\_

🔅 🖉

~-.

۰ ۸

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### **COVER LETTER**

TO: Registration Section

-----

.

The second second second second

**Division of Corporations** 

## SUBJECT: TEKsystems Government Services, 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:

Stacie K. Joyner-Pe	ttway		
Ne	ame of Person		_
Allegis Group, Inc.			
Fi	rm/Company		
7301 Parkway Drive	;		
	Address		
Hanover, Maryland	21076		
City/St	ate and Zip Code		
sjoynerp@allegisgro	•		
E-mail address: (to be used	for future annual report n	otification)	
For further information concerning this matter, please call:		TALL	202
Stacie K. Joyner-Pettway	ر 410 <sub>69</sub>	4-5198 ਵੇਲੋ	
Name of Contact Person		aytime Telephone Nember	
MAILING ADDRESS: Division of Corporations	Divisio	n of Corporations	
Registration Section P.O. Box 6327	0	ation Section	<sub>w</sub> U
Tallahassee, FL 32314	2661 E	xecutive Center Cir	42 2
Enclosed is a check for the following amount:			
■ \$125.00 Filing Fee Certificate of Status	State & Certified Copy	Status & Certified C	

#### 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. TEKsystems Government Services, LLC

Not Applicable		nited Liability Company," "L.L.C.," or "U	,	
	sume adopted for the purpose of transacting business in	Florida. The alternate name must include "Limite	rd Liability Company," "L.L.C." or "LLC."	ì
2. Maryland		<sub>3.</sub> 52-2269948		
	hich foreign limited liability company is organized)		I number, if applicable)	
4. Not Applicable				
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to det	r to registration ) criticic penalty hability)		
5 7437 Race Road		6. ATTENTION: Lega	l Department	
(Sireet Address of	Principal Office)		g Address)	
Hanover, Maryland	21076	7437 Race Road		
		Hanover, Maryland	21076	
<ol> <li>Name and <u>street addres</u></li> <li>Name:</li> </ol>	ss of Florida registered agent: (P.O. B Corporation Service Company	ox <u>NOT</u> acceptable)	MAY 30 RETARY AHASSE	
Office Address:	1201 Hays Street			Π
	Tallahassee	Florida 3230	<b>-</b> / A	
Registered spent's accen	(City)	, Florida		
Having been named as re designated in this applica to comply with the provisi	(City) exance: existered agent and to accept service of ation, I hereby accept the appointmen ions of all statutes relative to the prop s of my position as registered agent.	۵) of process for the above stated lin t as registered agent and agree to	1 ip code) nited liability company at the p act in this capacity. I further	r agre with [
designated in this applica to comply with the provisi and accept the obligation	(City) exance: existered agent and to accept service of ation, I hereby accept the appointmen ions of all statutes relative to the prop s of my position as registered agent.	(2 of process for the above stated lin t as registered agent and agree to per and complete performance of The formation wis sugnation	nited liability company at the p act in this capacity. I further my duties, and I am familiar Melissa Zender Asst. Vice Preside	r agre with [
Having been named as re designated in this applica to comply with the provisi and accept the obligation 8. The name, title or capt	(City) tance: gristered agent and to accept service of thion, I hereby accept the appointmen ions of all statutes relative to the prop s of my position as registered agent. (Registered agent acity and address of the person(s) who <u>Name and Address</u> :	(2 of process for the above stated lin t as registered agent and agree to ber and complete performance of The sugnature) has/have authority to manage is/a	nited liability company at the pact in this capacity. I further my duties, and I am familiar Melissa Zender Asst. Vice Preside	r agre with [
Having been named as re designated in this applica to comply with the provisi and accept the obligation 8. The name, title or capi <u>Title or Capacity:</u>	(City) tance: rgistered agent and to accept service of thion, I hereby accept the appointmen ions of all statutes relative to the prop. s of my position as registered agent. (Registered agent acity and address of the person(s) who	(2 of process for the above stated lin t as registered agent and agree to ber and complete performance of the state of the state of the state of the state of the	nited liability company at the p act in this capacity. I further my duties, and I am familiar Melissa Zender Asst. Vice Preside	r agre with [
Having been named as re designated in this applica to comply with the provisi and accept the obligation 8. The name, title or capi <u>Title or Capacity:</u>	(City) tance: ggistered agent and to accept service of thion, I hereby accept the appointment ions of all statutes relative to the prop. s of my position as registered agent. (Registred agent acity and address of the person(s) who <u>Name and Address:</u> TEKsystem, Inc.	(2 of process for the above stated lin t as registered agent and agree to ber and complete performance of the state of the state of the state of the state of the	nited liability company at the pact in this capacity. I further my duties, and I am familiar Melissa Zender Asst. Vice Preside	r agre with [
Having been named as re designated in this applica to comply with the provisi and accept the obligation 8. The name, title or capi <u>Title or Capacity:</u>	(City) tance: ggistered agent and to accept service of thion, I hereby accept the appointmen ions of all statutes relative to the prop. s of my position as registered agent. (Reserved agent acity and address of the person(s) who <u>Name and Address:</u> <u>TEKsystem, Inc.</u> 7437 Race Road	(2 of process for the above stated lin t as registered agent and agree to ber and complete performance of the state of the state of the state of the state of the	nited liability company at the p act in this capacity. I further my duties, and I am familiar Melissa Zender Asst. Vice Preside re: <u>Name and Address:</u> Sean McGraw	r agre with [
Having been named as re designated in this applica to comply with the provise and accept the obligation 8. The name, title or cape <u>Title or Capacity:</u> <u>Member</u>	(City) ptance: registered agent and to accept service of thion, I hereby accept the appointmen ions of all statutes relative to the prop. s of my position as registered agent. (Registered agent (Registered agent acity and address of the person(s) who <u>Name and Address:</u> <u>TEKSystem, Inc.</u> 7437 Race Road Harower, Maryland 21076	(2 of process for the above stated lin t as registered agent and agree to ber and complete performance of this signalue has/have authority to manage is/a <u>Title or Capacity:</u> VP-Finance and Treasurer	nited liability company at the p act in this capacity. I further my duties, and I am familiar Melissa Zender Asst. Vice Preside re: <u>Name and Address:</u> <u>Sean McGraw</u> 7437 Race Road Harower, Maryand 21078	r agre with [

(Use attachments if necessary)

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)

B. S. J. J. Signaldre of an authorized person 1 anis

10. 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.

# STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TEKSYSTEMS GOVERNMENT SERVICES, LLC (W05993506), REGISTERED SEPTEMBER 27, 2000, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 30, 2017.

Acting Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

0010610838