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K. SALY AUG 17 2017

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Halfaker & Associates,	, LLC
~ · · · · · · · · · · · · · · · · · · ·	imited Liability Company
	iny for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the for	ollowing:
Suzanne Paul	
Nai	me of Person
Halfaker & Associate	es, LLC
Fire	m/Company
2900 South Quincy S	Street, Suite 410
	Address
Arlington, VA 22206	
City/Sta	tte and Zip Code
suzanne.paul@halfal	ker.com
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please call:	
Suzanne Paul	at (571) 388-7362 Area Code Daytime Telephone Number
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 & □ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

State of Virginia (handerion under the law of which foreign finuted habitity company is organized) (fell manber, if applicable) (fell manber) (fell manber) (fell manber) (fell manber) (fell manber) (fell manb	(P.O. Box NOT acceptable) Name: Office Address: NRAI Services, Inc.
(P.O. Box NOT acceptable) Name and street address: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation	(P.O. Box NOT acceptable) Name: Office Address: NRAI Services, Inc.
(Date first transacted business in Florida. If prior to registration.) (See sections 60.0001. £ 605.0005, F.S. to determine penalty hability) 2900 South Quincy Street, Suite 410 (Sircet Address of Principal Office) Arlington, VA 22206 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation (Cay) (Cay) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further tompty with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent. Danny Verdecchia Assistant Socretary The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address:	(Date first transacted business in Florida, of prior to registration.) (See sections 605.0901 & 605.0901 & 605.0905, F.S. to determine penalty hability) 2900 South Quincy Street, Suite 410 (Street Address of Principal Office) Arlington, VA 22206 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation (Cny) (
(See eccions 603,0901, & 603,0	(See sections 603,0901 & 603,0901 & 52,000 South Quincy Street, Suite 410 (Street Address of Principal Office) Arlington, VA 22206 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation , Florida 33324 (Cny) (Cny) (Zip code) gistered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated limited liability company at the plantation in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of the proper and complete performance of my duties, and I am familiar with the provisions of the proper and complete performance of my duties, and I am familiar with the provisions of the proper and complete performance of my duties, and I am familiar with the provisions of the proper and complete performance of my duties, and I am familiar with the provisions of the proper and complete performance of my duties, and I am familiar with the provisions of the proper and complete performance of my duties, and I am familiar with the provisions of the proper and complete performance of my duties, and I am familiar with the provisions of the proper and complete performance of my duties, and I am familiar with the provisions of the proper and complete performance of my duties are pro
(Street Address of Principal Office) Arlington, VA 22206 Arlington, VA 22206 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation Florida 33324 (City) (City) (City) (City code) gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the pignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar I accept the obligations of my position as registered agent. Danny Verdecchia Assistant Secretary The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address:	Arlington, VA 22206 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation Florida 13324 C(City) (Zip code) Pistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the plantation in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance agents.
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Typed or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Halfaker and Associates, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is January 9, 2006; 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.



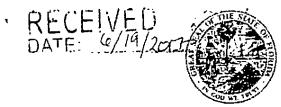
Signed and Sealed at Richmond on this Date: May 31, 2017



Joel H. Peck, Clerk of the Commission

SECOM

ocument Control Number: 1705315631



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2017

SUZANNE PAUL HALFAKER & ASSOCIATES, LLC 2900 SOUTH QUINCY ST, STE. 410 ARLINGTON, VA 22206

SUBJECT: HALFAKER & ASSOCIATES, LLC

Ref. Number: W17000049123

We have received your document for HALFAKER & ASSOCIATES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly

Regulatory Specialist II

2017 JUN 26

Letter Number: 417A00011821



June 30, 2017

SUZANNE PAUL HALFAKER & ASSOCIATES, LLC 2900 SOUTH QUINCY ST, STE. 410 ARLINGTON, VA 22206

SUBJECT: HALFAKER & ASSOCIATES, LLC

Ref. Number: W17000049123

We have received your document for HALFAKER & ASSOCIATES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly Regulatory Specialist II

Letter Number: 717A00013365