Division of Corporations

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To:

Division of Corporations

Fax Number : (350) 617-5383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company NTT DATA SERVICES FEDERAL GOVERNMENT, LLC

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Help

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

¥.		
	ECHON (05.0902, PLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FUREKIN LIMITED HAL BUSINESS INTHE STATE OF FLORIDA:	NI_IIY
	Federal Government LLC	
(Name of Fo	oreign Elmited Hability Company; must include "Limited Hability Company," "L.L.C.," or "ELC.")	
46		
(If name unavailable, enter Linbility Company," "L.L.C	alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited C," or "LLC.")	
2. Delaware	3 54-1168756	
(Jurisdiction under the lay company is organized)	w of which foreign limited liability (FEI number, if applicable)	
4. Upon filing		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 13880 Dulles Corner I	Lune, Suite 200, Herndon, VA 20171	
	•	1
	(Street Address of Principal Office)	, _
6 Same		. D . T
		٠, ٠
gy 14 deserte fille fen en in af efficience a una architecture	(Mailing Address)	
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT acceptable)	7٠
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	
	Plentation Florida 33324	
Designation	Plentation , Florida 33324 (City) (Zip code)	
	gistered agent and to accept service of process for the above stated limited liability company at the place	
	tion. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agr ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with	
accept the obligations of a	my position as revistered agent.	
	By: CT Corporation System Assistant Vice-President	
	By: C.T Corporation System Assistant Vice-President (Registered agent's signature)	
8. The name, title or capa-	city and address of the person(s) who has/have authority to manage is/are:	
Lawrence Cavaiola, 1388	0 Dulles Corner Lane, Suite 200, Herndon, VA 20171 Manager	
Thomas Collins , 13880 D	tulles Corner Lane, Suite 200, Herndon, VA 20171 Manager	
Kevin Durkin , 13880 Dull	les Corner Lane, Suite 200, Herndon, VA 20171 Manager	
9. Attached is a certificate of	of existence, no more than 90 days old, duly authenticated by the official having custody of records in the	
jurisdiction under the law o	of which it is Annized. (If the certificate is in a foreign lenguage, a translation of the certificate under oath	
of the translator must be sul	Dinite of Control of C	
	Signature of an authorized person	
frida da		
	in accordance with section 605.0203 (1) (b). Fforida Statutes, I am aware that any false information the Department of State constitutes a third degree felony as provided for in s.817, I.55, F.S.	
	Nathan Giffin	
·	Typed or printed name of signee	

Attachment to Florida Member / Manager Information

1 Full Name: David Kapusta Member/Manager: Manager

Business Address: 13880 Dulles Corner Lane, Sulte 200

 City:
 Herndon:

 State:
 VA

 ZIP Code:
 20171

2 Full Name: Peter Metzger

Member/Manager: Manager

Business Address: 13880 Dulles Corner Lane, Suite 200

 City:
 Herndon

 State:
 VA

 ZIP Code:
 20171



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NTT DATA SERVICES FEDERAL GOVERNMENT

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE NINTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

ihtmi

6494075 8300

SR# 20175644683

You may verify this certificate online at corp.delaware.gov/authver.shtml

Josti vy W. Hudlace, Becordary of State

Authentication: 203028534

Date: 08-09-17