M1700009696

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	
Office Use Only	



11/15/17--01016--009 **125.00

TANOVIS AN H: 2017 NOVIS AN E: 03

NOV 16 MERIS

ACCESS, INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666				
		١	VALK IN	
	PICK	K UP:	11/14 Glinda	-
	CERTIFIED COPY			
xx	рнотосору			
	CUS			· .
xx	FILING	LLC		
	ASM RESEARCH, LLC (CORPORATE NAME AND DOCUM	1ENT #)		
	(CORPORATE NAME AND DOCUM	IENT#)		· · ·
	CORPORATE NAME AND DOCUM	IENT #)		. <u> </u>
	(CORPORATE NAME AND DOCUN	IENT #)		
	(CORPORATE ^{NAME} AND DOCUM			
	(CORPORATE NAME AND DOCUM	(ENT #)		

¢

Ÿ,

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:

L ASM RESEARCH, LLC

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

	ame adopted for the purpose of transacting business in Flo	orida. The alterr	ate name must inclu	ade "Limuted Liability C	`оптралу,'' "	'L L C," o	r "LLC.
2. VIRGINIA		3. 5	4-1385056				
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI numbe			r, if applicable)		
J	(Date first transacted business in Florida, if prior to	registration.)		<u> </u>	_		
	(See sections 605.0904 & 605.0905, F.S. to determ	ine penalty liab	ility)				
, 4050 LEGATO ROAE	D, SUITE 1100	6.					
(Street Address of I	Principal Öffice)			(Mailing Address)		2	
FAIRFAX, VA 22033							
					- <u></u>		£ 3000
Name and street addres	s of Florida registered agent: (P.O. Box	NOT and	antahla)			сл С	
. Name and <u>succeadures</u>			epiaolej			-	
Name:	REGISTERED AGENT SOLUTIONS	S, INC.					• •
					•••	â	• • •
Office Address:	155 OFFICE PLAZA DR., SUITE A					0	
	TALLAHASSEE		, Florida	32301	'	ယ	
	(Cm)		, Florida	(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.

allan	X	ADAM SALDANA - ASST. SECRETARY
	URegistered a	igent's signature)

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

<u>Title or Capacity:</u>	Name and Address:	Title or Capacity:	Name and Address:
MANAGER	ERIC WARDEN		
	4050 LECATO ROAD, SUITE 1100 FAIRFAX, VA 22033		·

(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)

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.

<u>Loui</u>	Wasen	111901
	Signature of an authorized person	

ERIC WARDEN, MANAGER

Typed or printed name of signee

Commonwealth & Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That ASM Research, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is September 18, 2013; 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: November 14, 2017

Joel H. Peck, Clerk of the Commission

SECOM cument Control Number: 1711145907