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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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## COVER LETTER /

TO:	Registr Divisio	ration Section n of Corporation	18			
SHR IE.		CEM DEFENSE				
SUBJE	CI			Limited Liability (	Company	<del></del>
						nsact Business in Florida," Certificate of company to transact business in Florida.
Please r	eturn all	correspondence o	concerning this matter to the	following:		
		CORY MILLS				
			N	ame of Person		
		PACEM SOLU	JTIONS			
			17	irm/Company		
		2941 FAIRVIE	W PARK DR STE 550			
				Address		
		FALLS CHUR	CH VA 22042			
		-	City/S	State and Zip Code		· · · · · · · · · · · · · · · · · · ·
		cory.mills@pace	m-solutions.com			
			E-mail address: (to be use	d for future annual	report not	ilication)
For furt	her infor	mation concernin	g this matter, please call:			
	CORY	MILLS		571 at (	385-02	99
		Name o	of Contact Person	Area Code	Day	time Telephone Number
	Divisio Registra P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301
Enclose		eck for the follow 5.00 Filing Fee	ring amount:  \$\sum \text{\$\}}}}}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	□ \$155.00 Filit Certified Copy	ng 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 STATUTEX, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in I	Florida. The alternate name must include "Tamited I.	iability Company," "U.L.C," or "LLC"
COMMONWEALTH C	OF VIRGINIA	3. 47-4546054	
	hich foreign limited liability company (s organized)	(FEI nur	nber, (fapplicable)
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905; F.S. to deter	to registration )	<del></del>
115A DREW ST	•	6. 2941 FAIRVIEW PARK	DR STE 550
(Street Address of I	Principal Office)	(Mailing Ac	ldress)
PERRY FL 32347		FALLS CHURCH VA 22	2042
Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	. 5
Name:	MICHAEL QUESENBERRY	<u> </u>	<b>18</b>
Office Address:	115A DREW ST		
Office Address.	· · · · · · · · · · · · · · · · · · ·		2
iving been named as re signated in this applica comply with the provis	PERRY  Stance:  Segistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the propos of my position as registered agent.	as registered agent and agree to ac	ed liability company it they
iving been named as resignated in this applica comply with the provis d accept the obligation	ctance: registered agent and to accept service of tion, I hereby accept the appointment tions of all statutes relative to the prop to f my position as registered agent.  (Registered agent	f process for the above stated limite as registered agent and agree to ac er and complete performance of my	ed liability company it the et in this capacity. Surth a wind duties, and I am familian
aving been named as resignated in this applica comply with the provisid accept the obligation	(City) stance: rgistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop	f process for the above stated limite as registered agent and agree to ac er and complete performance of my	ed liability company it the et in this capacity. Surth a wind duties, and I am familian
aving been named as resignated in this application comply with the provision accept the obligation.  The name, title or capitation	ctance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent.  (Registered agent accity and address of the person(s) who	f process for the above stated limite as registered agent and agree to ace and complete performance of my has/have authority to manage is/are:	ed liability company it the t in this capacity. Surth a v duties, and I am familian
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aving been named as resignated in this applicated in this applicated comply with the provised accept the obligation.  The name, title or caparity: CEO/MANAGER  Jse attachments if necess	containce:  Training and the accept service of the proposition, I hereby accept the appointment ions of all statutes relative to the proposition as registered agent.  The proposition a	f process for the above stated limite as registered agent and agree to acer and complete performance of my has/have authority to manage is/are:  Title or Capacity:  R 12	Name and Address:

Typed or printed name of signee

## Commonboealth of Hirginia



## State Corporation Commission

#### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That PACEM Defense LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is July 14, 2015; 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: March 19, 2018

Joel H. Peck, Clerk of the Commission

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