

M18000007513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

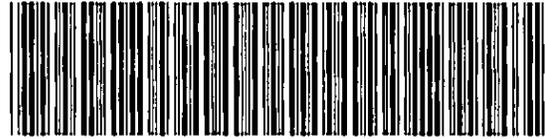
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. CLINE  
AUG 15 2018  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Repeat Consultants, 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:

Dustin Peterson  
Name of Person

---

Repeat Consultants, LLC  
Firm/Company

---

8200 Greensboro Dr, Suite 900  
Address

---

McLean, VA 22102  
City/State and Zip Code

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jhadley@repeatconsultants.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Dustin Peterson at ( 727 ) 417-4988  
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 & Certified Copy   
 \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Repeat Consultants, L.L.C.  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.I.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.I.C.")

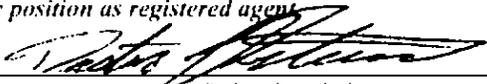
2. Virginia 3. 27-1583682  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. September 1, 2018  
(Date first transacted business in Florida, if prior to registration)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8200 Greensboro Dr Suite 900 6. 8200 Greensboro Dr, Suite 900  
(Street Address of Principal Office) (Mailing Address)  
McLean VA, 22102 McLean VA, 22102

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: Dustin Peterson  
 Office Address: 1475 Hickoryview Cir  
Parrish, Florida 34219  
(City) (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.*

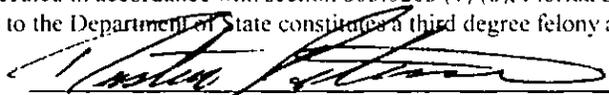
  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:			
<b><u>Title or Capacity:</u></b>	<b><u>Name and Address:</u></b>	<b><u>Title or Capacity:</u></b>	<b><u>Name and Address:</u></b>
<u>President</u>	<u>Haval Dosky</u> <u>8200 Greensboro DR Suite</u> <u>900, McLean VA, 22012</u>	<u>Vice President</u> <u>Network Integrations</u>	<u>Dustin Peterson</u> <u>8200 Greensboro Dr, Suite 900</u> <u>McLean VA, 22102</u>
<u>CEO</u>	<u>Ari Karadaghi</u> <u>8200 Greensboro DR Suite 900</u> <u>McLean VA, 22102</u>		

(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.

  
Signature of an authorized person

Dustin Peterson  
Typed or printed name of signee

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

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

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

That the date of its organization is December 23, 2009; 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:  
August 3, 2018*



*Joel H. Peck*  
\_\_\_\_\_  
*Joel H. Peck, Clerk of the Commission*