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Foreign Limited Liability Company

Ideal-ID LLC

| | المتاكن والتهجية المتناج والمتاكن والمتاكن والمتاكن والمتاكن والمتاكن والمتاكن والمتاكن والمتاكن والمتاكن |
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|--|--|---|--|------------|
| APPLICATION BY FO | DREIGN LIMITED LIABILITY COM IN FLO | PANY FOR AUTRORIZATION TO TR ORIDA | ANSACT BUSINESS | |
| | TION 603.0902, FT.ORIDA STATUTES, THE FO SINESS IN THE STATE OF FT ORIDA: | ILONING IS SUBMITTED TO REGISTER A FOR | KEKEY LIMTED LIARIT | У |
| Ideal-ID LLC | | | | |
| (Name of Fore | ign Lunited Liability Company; mast include | "Limited Linbility Company," "L.L.C." or "LL | . c.") | |
| | | | | |
| Liability Company," "L.L.C." | or "LLC.") | ecting business in Florida. The alternate name m | nist include 'Limited | |
| 2 Delaware (Jurisdiction under the law company is organized) | of which foreign lumied liability | (FEI number, if applicable) | | |
| 4 10/10/2018 | | | | |
| <u> </u> | (Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S | ida, il prior le registration.) , to determine penalty liability) | | • |
| 5. 601 Mckinley St | Ne, Vienna, Virginia 22180 | | | |
| | (Street Address of Principal C | Office) | | |
| 6. 601 Mckinley St | Ne, Vienna, Virginia 22180 | | | |
| | | | 20 | |
| | (Mailing Address) | | 2018 OCT 1 SECRETAI | |
| | · · · | | | |
| Name and street addres | ş of Florida registered agent: (P.O. Box) | NOT acceptable) | | - 12 miles |
| Name: | Business Filings Incorporated | | 5 5 5 G | - |
| Office Address: | 1200 South Pine Island Road | | PH SSE | F |
| | Plantation | , Florida 33324 | ↓: STAI E, FL | |
| | (City) | (Zip code) | <u> </u> | |
| Registered agent's accept | ance: | | | |
| Having been named as re- | gistered agent and to accept service of pr | rocess for the above stated limited liability registered agent and agree to act in this c | company at the place | ee |
| | | nd complete performance of my duties, as | | |
| accept the obligations of n | ny positton as registered agent. | | • | |
| | Nettl | | | |
| | (Registered apeu | t's signature) Mark Williams, A.V.P., Bus | siness Pilings Incorpor | rated |
| 8. The name, title or caps | city and address of the person(s) who has | Anave authority to manage is/are: | • | |
| | lurray, 601 Mckinley St NE, Vie | | | |
| | | | | |
| Member: John Chri | stensen, 601 Mckinley St NE, Vi | enna, Virginia 22180 | | |
| Member: Cognosan | te Holdings LLC, 601 McKinley | St NE, Vienna, Virginia 22180 | | |
| Anached is a certificate jurisdiction under the law of the translator must be su | of which it is organized. (If the certificate buitted) | uly authenticated by the official having cur is in a foreign language, a translation of th | stody of records in the se certificate under oath |) |
| | CON CON | Dorized person | | |
| | Signature of an and | porized person | | |
| | to an add to the state of the s | /L) Plands Stabutas I | iles information | |

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false infor submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Patricia Murray, Member Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "IDEAL-ID 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 FIFTEENTH DAY OF OCTOBER, A.D. 2018.

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

6199287 8300

SR# 20187136463

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

Jeffrey W. Bursets, Sucretary of State

Authentication: 203609188

Date: 10-15-18