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(Requestor's Name)

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(City/State/Zip/Phone #)

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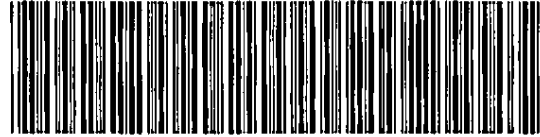
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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January 8, 2019

Mr. Sammy Caldwell
Operations Management Consultant
Florida Department of State, Registration Section
Clifton Building
2661 Executive Center Circle West
Suite 300
Tallahassee, Florida 32301

Subject: Quadrant Training Solutions, L.L.C. ("Quadrant")
Raptor Training Services, L.L.C. ("Raptor")
Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida ("Application")

Dear Mr. Caldwell:

This cover letter, and the enclosed Applications and attached documents follow up on our telephone conversation concerning the registration of the two (2) captioned Virginia limited liability companies to do business in the State of Florida. You will recall from our conversation that instead of filing and renewing an application for authorization to transact business in Florida, the Company personnel inadvertently formed two "mirror" entities in Florida, and filed an annual report for each after they began business in Florida in 2013 and 2014, respectively.

In order to get these two (2) Virginia limited liability companies into full registration compliance in a manner consistent with our telephone conversation, I enclose the following:

Quadrant Training Solutions, L.L.C. (EIN: 46-2359847)

1. Form cover letter with attached, executed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Both the registered agent and the authorized officer have signed the document.

2. Certificate and Articles of Dissolution dated January 7, 2019 dissolving the "mirror" Florida LLC that was inadvertently formed.

Mr. Sammy Caldwell
Operations Management consultant
Florida Department of State, Registration Section
January 8, 2019
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3. Our check number 104078 in payment of the filing fee.

4. "Certificate of Fact" from the State Corporation Commission of Virginia certifying the existence of the entity in Virginia.

Raptor Training Services, L.L.C. (EIN: 46-0747410)

1. Form cover letter with attached, executed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Both the registered agent and the authorized officer have signed the document.

2. Certificate and Articles of Dissolution dated January 7, 2019 dissolving the "mirror" Florida LLC that was inadvertently formed.

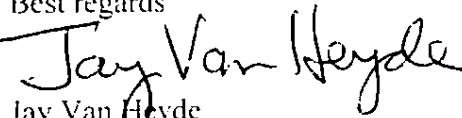
3. Our check number 104077 in payment of the filing fee.

4. "Certificate of Fact" from the State Corporation Commission of Virginia certifying the existence of the entity in Virginia.

On behalf of Quadrant and Raptor, respectively, I hereby certify and state that these Florida limited liability companies have no intention to revoke the dissolution of the Florida limited liability companies. The dissolutions are intended to be permanent.

Please complete the registration process as soon as possible and provide me with a Certificate of Status that indicates the two (2) entities are in existence and in good standing in Florida.

The entities are required to demonstrate their good standing status no later than January 22, 2019, so your prompt attention to this matter will be greatly appreciated. Please call me with any questions or comments, or if you need any additional documentation or information.

Best regards

Jay Van Heyde

JVH/jg
Enclosures
cc: Robert Acevedo (via e-mail with enclosures)
Richard Stockton (via e-mail with enclosures)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Quadrant Training Solutions, L.L.C.
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:

Robert F. Acevedo
Name of Person

Quadrant Training Solutions, L.L.C.
Firm/Company

5712 Dot Com Court
Address

Oviedo, FL 32765
City/State and Zip Code

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

For further information concerning this matter, please call:

Jay Van Heyde, Esq. at (407) 428-5108
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input type="checkbox"/> \$125.00 Filing Fee Certificate	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$160.00 Filing Fee, of Status & Certified Copy
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Quadrant Training Solutions, L.L.C.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(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 "LLC.")

2. Virginia 3. 46-2359847
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/15/2013 under # L1300015917
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 5712 Dot Com Court 6. 5712 Dot Com Court
(Street Address of Principal Office) (Mailing Address)

Oviedo, FL 32765 Oviedo, FL 32765

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kevin L. Newport

Office Address: 5712 Dot Com Court

Oviedo Florida 32765
(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.

Kevin L. Newport
(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

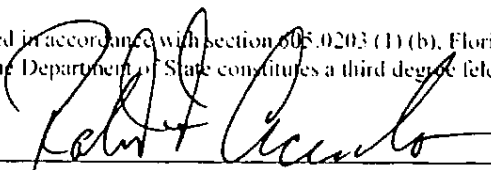
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Robert E. Acevedo</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>5712 Dot Com Court</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Oviedo, FL 32765</u>	<input type="checkbox"/> Authorized Person	_____
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Robert E. Acevedo, President

Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That QUADRANT TRAINING SOLUTIONS, L.L.C. is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is February 25, 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:
January 4, 2019*

Joel H. Peck
Joel H. Peck, Clerk of the Commission