# M19000002387

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W18-85648

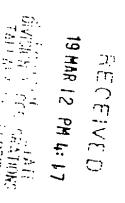
Office Use Only



600325771446

2019 MAR 12 AH 10: 35

TO



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 681231 7813806

AUTHORIZATION : Commence of the commence of th

COST LIMIT : \$ Y60.00

ORDER DATE: March 12, 2019

ORDER TIME : 2:52 PM

ORDER NO. : 681231-005

CUSTOMER NO: 7813806

### FOREIGN FILINGS

NAME: PAE-SGT PARTNERS LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

# **COVER LETTER**

TO:

Registration Section

Divis	ion of Corporatio	ns		
SUBJECT:	PAE-SGT PARTN	ERS LLC		
_		Name of	Limited Liability Compan	y
				Fransact Business in Florida," Certificate of lity company to transact business in Florida.
Please return a	ll correspondence	concerning this matter to the	following:	
	STEPHANIE	FINN		
		N	ame of Person	
	PAE			
		F	irm/Company	
	1320 N. COU	RTHOUSE RD., STE 800		
		- <del> </del>	Address	<del></del>
	ARLINGTON	, VA 22201		
		City/S	state and Zip Code	
	STEPHANIE.FI	NN@PAE.COM		
	· · · · · ·	E-mail address: (to be use	d for future annual report i	notification)
For further info	ermation concerning	g this matter, please call:		
STEP	HANIE FINN		703 717-	6002
	Name o	of Contact Person	_ \	aytime Telephone Number
Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  Division of Co Registration Section  Registration Section Sectio				
	neck for the follow 5.00 Filing Fee	ing amount:  \$\begin{align*} \begin{align*}	☐ \$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:

	Limited Liability Company, must include					
	name adopted for the purpose of transacting busine	ess in Florida. The alternate ra	ame must include "Lin	nited Liability Com	pany," "L L.C," or	"LLC.")
2. DELAWARE		3	·	Pa		
(Imagazation magazate is is of w	hich foreign limited liability company is organized	1)	(1	FEI number, if appl	ixable)	
4						
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to	prior to registration ) determine penalty hability)				
5 1320 N. COURTHOU	ISE RD., STE. 800	6 1320	N. COURTHO	USE RD., ST	TE. 800	
5. 1320 N. COURTHOU (Street Address of		<del></del>	(Mai	ling Address)		20
ARLINGTON, VA 22	201	ARLI	NGTON, VA 2	22201	2-01	2019  <b>H</b> AI
					<u></u>	
					ر مودر ما مودر ما ما	
7. Name and street address	ss of Florida registered agent: (P.C	). Box <u>NOT</u> accepta	able)		.> . .> .	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<b>M</b>	Corporation Service Company				(S)	
Name:	<del> </del>		-		$\mathbb{H}_{\mathbb{Q}}$	ö 🗲
Office Address:	1201 Hays Street				产生	ယ
	Tallahassee		, Florida 3230	) i	[FE]	വ
	(City)			(Zip code)		
designated in this applica to comply with the provisi	gistered agent and to accept serviction, I hereby accept the appointnions of all statutes relative to the ps of my position as registered agen	nent as registered ag roper and complete	gent and agree	to act in this of my duties, Roxa	capacity. I fo and I am fan anne Turne	urther agree uiliar with
designated in this applica to comply with the provisi and accept the obligation.	tion, I hereby accept the appointnions of all statutes relative to the ps of my position as registered ager Corporation Service Company By:	nent as registered ag proper and complete at. agent's signature)	gent and agree performance o	to act in this of my duties, ROXE Asst. V	capacity. If and I am fan	urther agree uiliar with
designated in this applica to comply with the provisi and accept the obligation.	tion, I hereby accept the appointnions of all statutes relative to the ps of my position as registered ager.  Corporation Service Company.  By:  (Registered	nent as registered ag proper and complete at. Q agent's signature) who has/have authori	gent and agree performance o	to act in this of my duties, Roxe Asst. V	capacity. I fo and I am fan anne Turne	urther agree niliar with or ent
designated in this applicate to comply with the provisionand accept the obligation.  8. The name, title or capa	tion, I hereby accept the appointmions of all statutes relative to the period of my position as registered agent Corporation Service Company By:  (Registered active and address of the person(s) we company to the person of the	nent as registered ag proper and complete at. Q agent's signature) who has/have authori	gent and agree of performance of the performance of the performance of the performance is the performance is the performance is the performance is the performance of the performance is the performance of	to act in this of my duties, Roxe Asst. V	capacity. I fi and I am fan anne Turne fice Presid	urther agree niliar with or ent
designated in this applicate comply with the provisionand accept the obligation.  8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointmions of all statutes relative to the period of my position as registered agent Corporation Service Company By:  (Registered active and address of the person(s) we company to the person of the	nent as registered ag proper and complete at. Q agent's signature) who has/have authori	gent and agree of performance of the performance of the performance of the performance is the performance is the performance is the performance is the performance of the performance is the performance of	to act in this of my duties, Roxe Asst. V	capacity. I fi and I am fan anne Turne fice Presid	urther agree niliar with or ent
designated in this applicate comply with the provisionand accept the obligation.  8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointmions of all statutes relative to the period of my position as registered agent Corporation Service Company By:  (Registered active and address of the person(s) we company to the person of the	nent as registered ag proper and complete at. Q agent's signature) who has/have authori	gent and agree of performance of the performance of the performance of the performance is the performance is the performance is the performance is the performance of the performance is the performance of	to act in this of my duties, Roxe Asst. V	capacity. I fi and I am fan anne Turne fice Presid	urther agree niliar with or ent
designated in this applicate comply with the provisionand accept the obligation.  8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointmions of all statutes relative to the period of my position as registered agent Corporation Service Company By:  (Registered active and address of the person(s) we company to the person of the	nent as registered ag proper and complete at. Q agent's signature) who has/have authori	gent and agree of performance of the performance of the performance of the performance is the performance is the performance is the performance is the performance of the performance is the performance of	to act in this of my duties, Roxe Asst. V	capacity. I fi and I am fan anne Turne fice Presid	urther agree niliar with or ent
designated in this applicate comply with the provisionand accept the obligation.  8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointmions of all statutes relative to the period of my position as registered agent Corporation Service Company By:  (Registered active and address of the person(s) we company to the person of the	nent as registered ag proper and complete at. Q agent's signature) who has/have authori	gent and agree of performance of the performance of the performance of the performance is the performance is the performance is the performance is the performance of the performance is the performance of	to act in this of my duties, Roxe Asst. V	capacity. I fi and I am fan anne Turne fice Presid	urther agree niliar with or ent
designated in this applicate comply with the provisionand accept the obligation.  8. The name, title or capa Title or Capacity:	tion, I hereby accept the appointmions of all statutes relative to the period of my position as registered agent Corporation Service Company By:  (Registered active and address of the person(s) we company to the person of the	nent as registered ag proper and complete at. Q agent's signature) who has/have authori	gent and agree of performance of the performance of the performance of the performance is the performance is the performance is the performance is the performance of the performance is the performance of	to act in this of my duties, Roxe Asst. V	capacity. I fi and I am fan anne Turne fice Presid	urther agree niliar with or ent
designated in this applicate to comply with the provisi and accept the obligation.  8. The name, title or capa Title or Capacity:  SEE ATTACHED	tion, I hereby accept the appointment of all statutes relative to the person of all statutes relative to the person of my position as registered agent Corporation Service Company By:  (Registered active and address of the person(s) we Name and Address:	nent as registered ag proper and complete at. Q agent's signature) who has/have authori	gent and agree of performance of the performance of the performance of the performance is the performance is the performance is the performance is the performance of the performance is the performance of	to act in this of my duties, Roxe Asst. V	capacity. I fi and I am fan anne Turne fice Presid	urther agree niliar with or ent
designated in this applicate to comply with the provisi and accept the obligation.  8. The name, title or capatitle or Capacity:  SEE ATTACHED  (Use attachments if necess)  9. Attached is a certificate	tion, I hereby accept the appointment of all statutes relative to the person of all statutes relative to the person of my position as registered agent Corporation Service Company By:  (Registered active and address of the person(s) when and Address:  Name and Address:	agent's signature) who has/have authori Title or	egent and agree of performance of performance of the performance of th	to act in this of my duties, Roxe Asst. V  /are: Nam	capacity. I finand I am fan anne Turne fice Presid me and Addre	urther agree niliar with er ent ess:
designated in this applicate to comply with the provisi and accept the obligation.  8. The name, title or capatitle or Capacity:  SEE ATTACHED  (Use attachments if necessing the control of the translator must be sufficient to control of the translator must be sufficient	sary)  of existence, no more than 90 days of which it is organized. (If the certabulated in accordance with section 605 the Department of State constitute.	agent's signature) who has/have authori Title or sificate is in a foreign so a third degree felor	ated by the officen language, a training as provided for	to act in this of my duties, ROXE Asst. V /are:  Nam  Cial having cu anslation of the	capacity. I finand I am fam anne Turne fice Presid the and Addre the and Addre the stody of reconstering false information.	enther agree miliar with ent ent ess:
designated in this applicate to comply with the provisi and accept the obligation.  8. The name, title or capatitle or Capacity:  SEE ATTACHED  (Use attachments if necessing the control of the translator must be sufficient to control of the translator must be sufficient	tion, I hereby accept the appointment of all statutes relative to the person of all statutes relative to the person of my position as registered agent Corporation Service Company By:  (Registered acity and address of the person(s) when and Address:  Sary)  of existence, no more than 90 days of which it is organized. (If the certabolithment of	agent's signature) who has/have authori Title or sificate is in a foreign so a third degree felor	ated by the officen language, a training as provided for	to act in this of my duties, ROXE Asst. V /are:  Nam  Cial having cu anslation of the	capacity. I finand I am fam anne Turne fice Presid the and Addre the and Addre the stody of reconstering false information.	enther agree miliar with ent ent ess:

Typed or printed name of signee

Assistant Secretary of Managing Member (PAE Applied Technologies LLC)

# **PAE-SGT PARTNERS LLC** – APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

**Executive Committee Representatives:** 

<u>Name</u>	<u>Address</u>
Charles A. Anderson	6500 West Freeway, Suite 400
	Fort Worth, Texas 76116
Clinton Bickett	901 Lincoln Drive W., Suite 100
	Marlton, New Jersey 08053
Joseph Morway	7701 Greenbelt Road, Suite 400
	Greenbelt, MD 20770
James Sands	6500 West Freeway, Suite 400
	Fort Worth. Texas 76116
David Wolt	7701 Greenbelt Road, Suite 400
	Greenbelt, MD 20770

# Officers:

Name	Title	Address
Miguel Rodriguez	President	1320 N. Courthouse Rd.,
		Ste. 800 Arlington, VA
		22201
Joseph Morway	Secretary	7701 Greenbelt Road, Suite
		400
		Greenbelt, MD 20770
Joe Kohlbrand	Treasurer	7701 Greenbelt Road, Suite
		400
		Greenbelt, MD 20770
David Wolt	Vice President	7701 Greenbelt Road, Suite
		400
		Greenbelt, MD 20770

Managing Member: PAE Applied Technologies LLC, 1320 N. Courthouse Rd., Ste. 800, Arlington, VA 22201

Authorized Person: Stephanie Finn, Assistant Secretary of Managing Member (PAE Applied Technologies LLC)

1320 N. Courthouse Rd., Ste. 800, Arlington, VA 22201

Page 1



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

DELAWARE, DO HEREBY CERTIFY "PAE-SGT PARTNERS 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 TWELFTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAE-SGT PARTNERS LLC" WAS FORMED ON THE NINTH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 202422790

Date: 03-12-19

6609122 8300 SR# 20191910723