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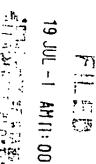
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S. PRATES,

COVER LETTER

TO:	Registration Division of C								
SUBJE		oint Systems	, LLC						
			Name of Li	mited Liability	Company				
The end Existent	losed "Applica ce, and check a	tion by Fore re submitted	ign Limited Liability Compa to register the above referen	ny for Authoriz ced foreign limi	ation to Transac ited liability con	t Business in Florida," Certificat npany to transact business in Plo	te of rida.		
Please r	cturn all corres	pondence co	ncerning this matter to the fo	ollowing:					
	Rich	Cable							
			Nan	ne of Person					
	Kniį	tht Point Sys	Name of Limited Liability Company / Foreign Limited Liability Company for Authorization to Transact Business in Florida,* Certificate of mitted to register the above referenced foreign limited liability company to transact business in Plorida. nee concerning this matter to the following: Name of Person It Systems, LLC Firm/Company						
		Firm/Company							
	1775	1775 Wiehle Ave Suite 101							
			Address						
	Rest	Reston, VA 20190							
			City/Sta	te and Zip Code					
	, hr@kı	nightpoint.co	m						
		 	E-mail address: (to be used i	or future annua	report notificat	lon)			
For furth	ner information	concerning	this matter, please call:						
	Rich Cable				972-6512)				
		Name of	Contact Person	Area Code	Daytime	Telephone Number			
	MAILING A Division of Co Registration S P.O. Box 6327 Tallahassee, F	rporations ection			Division of Co Registration S Clifton Buildin 2661 Executiv	rporations ection ng e Center Circle			
				IENT OF STA	TE				
	\$ 125.00 F	iling Fee	S130.00 Filing Fee & Certificate of Status		Filing Fee & ied Copy	\$160.00 Filing Fee, 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 FOREXCY LIMITED HABILITY COMPANY TO TRANSACT BE SINESS IN THE STATE OF FLORIDA:

Comme consequence of transaction of the law of which through limited liability company (Jurisdiction under the law of which through limited liability company (See technical 603.0904 & 6	st include "Limited Liability Com	pany,""L.L.C.," or "LLC.")			
(Jerisdiction under the law of relich fineign limited liability company (Date first transacted beniness (See rections 605.0904 & 605.0 1775 Wiehle Ave Suite 101 Reston, VA 20190 (Street Address of Principal Office) Name and street address of Florida registered age InCorp Services, Inc. 17888 67th Court North	cting business in Florida. The abornsto	name neest include "I imited Liability Comp	HETTY," "IL, L. C," or "LL.C,")		
Name: InCorp Services, Inc.	3	3 171882 (Fill number, it applie	(Fill namber, if applicable)		
Name and street address of Florida registered age Name InCorp Services, Inc.	n Florida I Ladar to evristration I				
Name: InCorp Services, Inc		5 Wiehle Ave Suite 101 Restor	ton, VA 20190		
Name: InCorp Services, Inc			19 J		
Name: 17888 67th Court North	ent: (P.O. Box <u>NOT</u> accep	table)			
			AM II : 00		
	 _	-			
Loxahatchee	(City)	33470 , Florida			

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.

Kim Barajas on behalf of InCorp Services, Inc.
(Registered agent's signature)

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Robert Eisiminger Douglas Duenkel Manager ☐ Manager 1775 Wiehle Ave Suite 101 1775 Wiehle Ave Suite 101 Address: Member Member Address: Reston, VA 20190 Reston, VA 20190 Authorized Authorized Person Person Other_ Other Other Other___ Justin Kuzemka Manager Manager | 1775 Wiehle Ave Suite 101 1775 Wiehle Ave Suite 101 ■ Member Address: Member Reston, VA 20190 Reston, VA 20190 ☐ Authorized ☐ Authorized Person Person Other_ Other Other Other

Manager |

Member |

Authorized

Person

Other_

Address:

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.

Darin Stolte

Reston, VA 20190

1775 Wiehle Ave Suite 101

Other____

Manager

■ Member

Authorized

Person

Other_

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.

Stration of an authorized person

Office

Typod or printed name of stones

Commondoealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Knight Point Systems, 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 9, 2005; 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: June 13, 2019

Joel H. Peck, Clerk of the Commission