



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bowhead Enterprise, Science and Technology, 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:

Joslynn V. Harris

Name of Person

UIC Government Services, LLC

Firm/Company

6564 Loisdale Court, Suite 900

Address

Springfield, VA 22150

City/State and Zip Code

taxcompliance@bowheadsupport.com

E-mail address: (to be used for future annual report notification)

2019 AUG 13 PM 4:02  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Joslynn V. Harris

703

578-5563

at ( )

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**

☒ \$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. Bowhead Enterprise, Science and Technology, LLC  
(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. Alaska 3. 82-2290668  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/04/2019  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6564 Loisdale Court, Suite 900  
(Street Address of Principal Office)  
Springfield, VA 22150

6. \_\_\_\_\_  
(Mailing Address)

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2019 AUG 18 PM 4:02  
TALLAHASSEE, FLORIDA

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

Name: Corporation Service Company

Office Address: 1201 Hayes Street

Tallahassee, Florida 32301  
(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.*

Corporation Service Company  
By: Kelli Shortte  
(Registered agent's signature)  
Kelli Shortte, Assistant Secretary

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 checked="" type="checkbox"/> Manager | Name:    | Terry W. Moore                 |  | <input type="checkbox"/> Manager    | Name:    |                                |  |
| <input type="checkbox"/> Member             | Address: | 6564 Loisdale Court            |  | <input type="checkbox"/> Member     | Address: |                                |  |
| <input type="checkbox"/> Authorized         |          | Suite 900                      |  | <input type="checkbox"/> Authorized |          |                                |  |
| Person                                      |          | Springfield, VA 22150          |  | 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         |          |                                |  | <input type="checkbox"/> Authorized |          |                                |  |
| Person                                      |          |                                |  | 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         |          |                                |  | <input type="checkbox"/> Authorized |          |                                |  |
| Person                                      |          |                                |  | 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         |          |                                |  | <input type="checkbox"/> Authorized |          |                                |  |
| Person                                      |          |                                |  | Person                              |          |                                |  |
| <input type="checkbox"/> Other              |          | <input type="checkbox"/> Other |  | <input type="checkbox"/> Other      |          | <input type="checkbox"/> Other |  |

2019 AUG 13 PM 4:02  
STATE OF FLORIDA  
TALLAHASSEE

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

Terry W. Moore, Sr. VP of Operations  
\_\_\_\_\_  
Typed or printed name of signer

Alaska Entity #10064364

State of Alaska  
Department of Commerce, Community, and Economic Development  
Corporations, Business, and Professional Licensing

## Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

**Bowhead Enterprise, Science and Technology, LLC**

This entity was formed on July 24, 2017 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective August 6, 2019.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson  
Commissioner

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2019 AUG 3 PM 4:02  
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