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Foreign Limited Liability Company ACE INFO SOLUTIONS, LLC

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IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ACE INFO SOLUTIONS, LLC

1

(If name unavailable, enter alte	mate name adopted for the purpose of transacting business in Fl	onda. The alternate	name must include "Limited Liability Company," "L.L.C." or "LLC"	
VIRGINIA			08/27/2019	
2 (Jurisdiction under the lay	a of which loreign limited liability company is organized)	J	(FEI manber, if applicable)	
UPON FILING				
T·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration) sine penalty hability	, , <u>, , , , , , , , , , , , , , , , , </u>	
	CE PARK DRIVE		90 COMMERCE PARK DRIVE	
5(Street Addri	ess of Principal Office)	6	(Mailing Address)	
3RD AND 5TH F	3RD AND 5TH FLOOR		3RD AND 5TH FLOOR	
RESTON, VA 20191		RES	RESTON, VA 20191	
7. Name and <u>street a</u>	ddress of Florida registered agent: (P.O. Bo	x <u>NOT</u> accer	ntable}	
Name:	C T Corporation System			
isane.			=	

Office Address:

1200 South Pine	Island Road	
Plantation		
	(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.

By: Jam M. Jung- James M. Halpin Assistant Secretary (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:	<u>Title or Capacity:</u>	Name and Address:
⊠Manager	Name: Jayanth R. Challa	🔲 Manager	Name:
Member	Address:	🗙 Member	Address:
Authorized	3rd Floor	Authorized	Suite 600
Person	Reston, VA 20191	Person	McLean, VA 22101
Other	Other	Other	Other
Manager	Name:	🗌 Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	*****
Person		Person	
Other	Other	Other	Other
Manager	Name:	🔲 Manager	Name:
Member	Address:	🗌 Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Belangen Signature of an authorized person

Tricia Belanger, Authorized Person

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Commonwealth & Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Ace Info Solutions, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is August 27, 2019; 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: October 15, 2019

Joel H. Peck, Clerk of the Commission