



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 263427 7255246

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : April 16, 2020

ORDER TIME : 9:51 AM

ORDER NO. : 263427-035

CUSTOMER NO: 7255246

FOREIGN FILINGS

NAME: THE COMPUTER SOLUTION COMPANY  
OF VIRGINIA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

2020-04-16 09:51:46

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Computer Solution Company of Virginia, 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:

David P. Romig, II

Name of Person

The Computer Solution Company of Virginia, LLC

Firm/Company

200 South 10th Street, Suite 900

Address

Richmond, VA 23219

City/State and Zip Code

david.romig@thincit.com

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

For further information concerning this matter, please call:

David P. Romig, II

804

673-5700

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2023-7-5 PM 8:49

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. The Computer Solution Company of Virginia, 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. Virginia 10/27/2017  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEL number, if applicable)

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

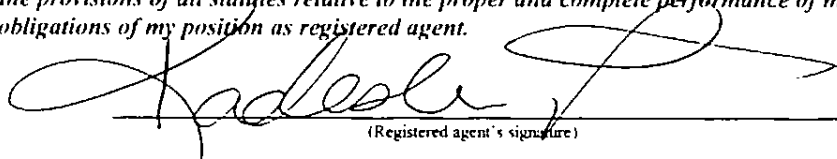
5. 200 South 10th Street, Suite 900 200 South 10th Street, Suite 900  
(Street Address of Principal Office) (Mailing Address)  
Richmond, VA 23219 Richmond, VA 23219

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee 32301  
(City) , Florida (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.

  
(Registered agent's signature) Kadesha Roberson  
Asst. Vice President

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:  
☐ Manager      Name: Cherry Bekaert LLP  
☒ Member      Address: 200 South 10th Street  
☐ Authorized      Suite 900  
                         Richmond, VA 23219  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                         Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                         Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
☒ Manager      Name: David P. Romig, II  
☐ Member      Address: 200 South 10th Street  
☐ Authorized      Suite 900  
                         Person Richmond, VA 23219  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

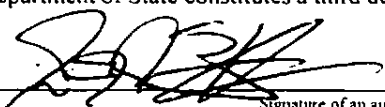
☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                         Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                         Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ 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

David P. Romig, II

\_\_\_\_\_  
Typed or printed name of signer

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

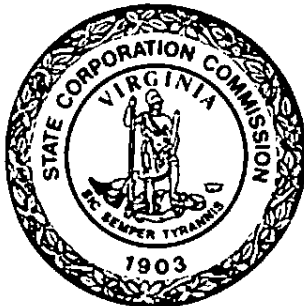
I Certify the Following from the Records of the Commission:

That The Computer Solution Company of Virginia, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on October 27, 2017; 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:

April 30, 2020

*Joel H. Peck*

Joel H. Peck, Clerk of the Commission

2020 APR 30 5 48 PM