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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

ro:	Registration Section Division of Corporations	.			
UBJE	BDO Public Sector, I				
			of Limited Liability	Company	_
he end Existen	closed "Application by Fore ce, and check are submitted	ign Limited Liability Corto register the above ref	mpany for Authoriz erenced foreign lim	ation to Transact Business in Florida. ited liability company to transact bus	" Certificate of iness in Florida.
lease i	return all correspondence co	oncerning this matter to the	he following:		
	John James				
			Name of Person		
	BDO USA, LLP				
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	V-74	_
	5300 Patterson A	Ave SE, Suite 100			
			Address		_
	Grand Rapids, M	11 49512			
		City	/State and Zip Code	2	-
	jjames@bdo.com				
	•	E-mail address: (to be us	sed for future annua	Il report notification)	_
or furt	her information concerning	this matter, please call:			
	John James		616 at (575-8732	
	Name of	Contact Person	Area Code	Daytime Telephone Number	-
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327			STREET ADDRESS: Division of Corporations Registration Section Clifton Building	
	Tallahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301	
	Enclosed is a check for the Please make check payable	_	RTMENT OF STA	TE	
	\$125.00 Filing Fee	\$130.00 Filing Fee Certificate of S		Filing Fee & \$160.00 Filing of Status & Ce	

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:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C
Delaware		81-2566594
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if applicable)
06/01/2019		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.) ine penalty liability)
8401 Greensboro Driv	re, Suite 800	5300 Patterson Ave. SE. Suite 100
(Street Address of	Principal Office)	6. (Mailing Address)
McLean, VA 22102		Grand Rapids, MI 49512
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)
Name and street address Name:	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)
Name:	Corporation Service Company 1201 Hays Street	
	Corporation Service Company	

and accept the obligations of my position as registered agent.

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

(Registered agent's signature) Duight (00 15, Vi or Predat

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: Name: _ BDO USA, LLP Name: Mark Ellenbogen Manager Manager Manager 5300 Patterson Ave SE, Address: Address: 12505 Park Potomac Ave. **■**Member Member Suite 100 Suite 700 Authorized Authorized Grand Rapids, MI 49512 Potomac, MD 20854 Person Person Other_CEO Other Other Other___ Lynn Calhoun Manager Manager | Name: 5300 Patterson Ave SE, □Member Address: ☐ Member Address: Suite 100 Authorized Authorized Grand Rapids, MI 49512 Person Person Other_CFO Other Other____ Other____ Name: Manager Name: ____ Manager Address: __ Member 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. Signature of an authorized person Lynn Calhoun

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "BDO PUBLIC SECTOR, 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 FIRST DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BDO PUBLIC SECTOR, LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2016.

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



Authentication: 203023659

Date: 06-01-20