

N 20000006911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

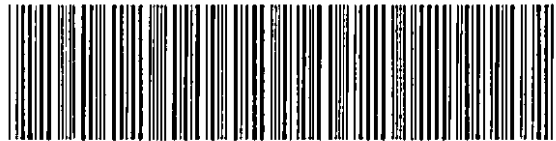
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W 200000084127

Office Use Only



300349438673

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2020 AUG -3 PM 1:55
2020 AUG -3 PM 4:49
STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/11/20
45

✓

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

ACCOUNT NO. : I20000000195

REFERENCE : 368297 8314861

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 27, 2020

ORDER TIME : 12:46 PM

ORDER NO. : 368297-025

CUSTOMER NO: 8314861

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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FOREIGN FILINGS

NAME: NDF1, 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: Amanda Robinson -- EXT# 62968

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2020

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: NDF1, LLC
Ref. Number: W20000084127

We have received your document for NDF1, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 920A00014539

**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. NDF1, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI 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. 556 Garrisonville Road, Suite 202
(Street Address of Principal Office)
Stafford, VA 22554

6. 556 Garrisonville Road, Suite 202
(Mailing Address)
Stafford, VA 22554

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

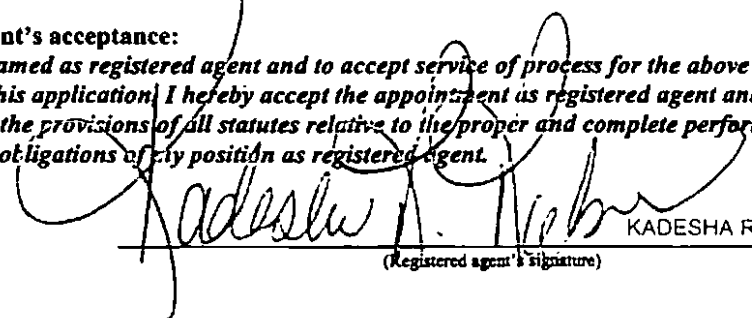
Name: Corporation Service Company

Office Address: 1201 Hays 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.



KADESHA ROBERSON, ASST. VICE PRESIDENT

(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:**

☐ Manager Name: Martin Saenz

☒ Member Address: 556 Garrisonville Road,

☐ Authorized Suite 202

Person Stafford, VA 22554

☐ Other _____ ☐ Other _____

☐ Manager Name: Shawn Muneio

☒ Member Address: 556 Garrisonville Road,

☐ Authorized Suite 202

Person Stafford, VA 22554

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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

Martin Saenz

Typed or printed name of signee

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

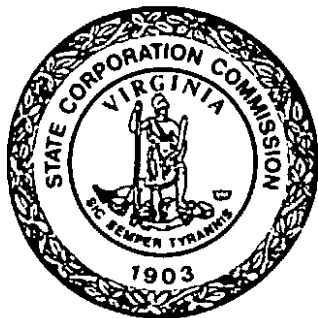
That NDF1, LLC is duly organized as a limited liability company under the laws of the Commonwealth of Virginia;

That the limited liability company was formed on July 18, 2019; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

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TALLAHASSEE, FLORIDA

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

July 28, 2020

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Interim Clerk of the Commission