

M20000007510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

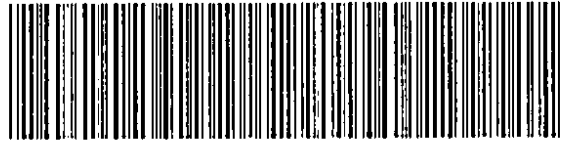
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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8/31/20



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 08/28/2020

Name: Merritt Walker

Reference #: 1255715

Entity Name: ELIASSEN GOVERNMENT SERVICES LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

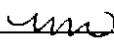
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$125

Signature: 

10: Registration Section
Division of Corporations

Please return all correspondence concerning this matter to the following

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

\$ 25.00 Filing Fee	\$ 100.00 Filing Fee & Certificate of Status	\$ 155.00 Filing Fee & Certified Copy	\$ 100.00 Filing Fee, Certificate of Status & Certified Copy
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.04(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 ELIASSEN GOVERNMENT SERVICES LLC
(Name of foreign limited liability company; must include "limited liability company," "LLC," or "LLP")

(If the name of the foreign firm is not adopted for the purpose of transacting business in Florida, the firm's name must include "limited liability company," "LLC," or "LLP")

2 Maryland 3 52-2283536
(State of incorporation) (Federal Taxpayer Identification Number, if applicable)

4 _____
(Where first transacted business in Florida, if prior to registration; see sections 605.0601 and 605.0605, F.S., to determine penalty liability)

5 6903 Rockledge Drive 6 55 Walkers Brook Drive
(Street Address, if not a post office) (Street Address)
Suite 1150 6th Fl
Bethesda, MD 20817 Reading, MA 01867

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

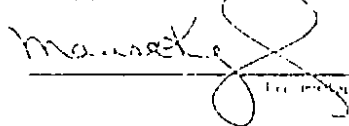
Name COGENCY GLOBAL INC.

Office Address 115 North Calhoun St. Suite 4

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 on 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.



Mausa Kugelmann,
Assistant Secretary

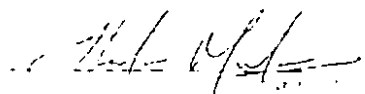
8. For initial and ongoing purposes, list in boxes title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total)

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
X Manager	Name <u>David Mackeen</u>	X Manager	Name <u>Anthony Valente</u>
Member	Address <u>258 Ipswich Road</u>	Member	Address <u>20 Endicott Street</u>
Authorized	<u>Boxford, MA 01921</u>	Authorized	<u>Danvers, MA 01923</u>
Person	_____	Person	_____
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. 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 Certificate is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.



Hector Martinez

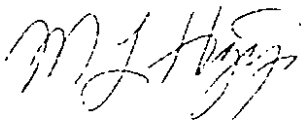
STATE OF MARYLAND

Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ELIASSEN GOVERNMENT SERVICES LLC (W06087969), REGISTERED NOVEMBER 20, 2000, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 28, 2020.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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