

M20000009996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

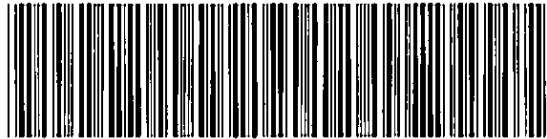
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECTION 11 STATE  
TALLAHASSEE, FLORIDA

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2020 NOV -4 AM 9:59

SECTION 11 STATE  
TALLAHASSEE, FLORIDA

NOV 11 2020

A. Brumley



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: **November 04, 2020**

Account#: 120000000088

Name: **David Shulman**

Reference #: **1285723**

Entity Name: **KA SUPPORT SERVICES, LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

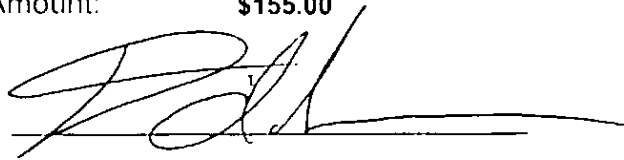
☒ Other **Certified copy of the filing evidence please. Thanks!**

**ISSUES? CALL**

**David:**

**850-270-0082**

Authorized Amount: **\$155.00**

Signature: 

**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. KA Support Services, 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. Delaware 3. 83-3096647  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3415 Box Hill Corporate Center Drive 6. 3415 Box Hill Corporate Center Drive  
(Street Address of Principal Office) (Mailing Address)  
Abingdon, MD 21009 Abingdon, MD 21009

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

Name: Cogency Global, Inc.  
Office Address: 115 North Calhoun Street, Suite 4  
Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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.*

/s/ Eric Hood, Assistant Secretary

(Registered agent's signature)

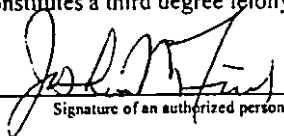
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name:	Michael Miller	<input type="checkbox"/> Manager	Name:	Gregory Helwig
<input type="checkbox"/> Member	Address:	3415 Box Hill Corporate Center	<input type="checkbox"/> Member	Address:	3415 Box Hill Corporate Center
<input type="checkbox"/> Authorized		Abingdon, MD 21009	<input type="checkbox"/> Authorized		Abingdon, MD 21009
Person		Executive Chairman	Person		Chief Executive Officer
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name:	Susan Wise	 <input type="checkbox"/> Manager	Name:	Patrick Dandino
<input type="checkbox"/> Member	Address:	3415 Box Hill Corporate Center	<input type="checkbox"/> Member	Address:	3415 Box Hill Corporate Center
<input type="checkbox"/> Authorized		Abingdon, MD 21009	<input type="checkbox"/> Authorized		Abingdon, MD 21009
Person		Chief Financial Officer	Person		General Counsel
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name:	Joshua Frick	 <input type="checkbox"/> Manager	Name:	Kevin Murphy
<input type="checkbox"/> Member	Address:	3415 Box Hill Corporate Center	<input type="checkbox"/> Member	Address:	3415 Box Hill Corporate Center
<input type="checkbox"/> Authorized		Abingdon, MD 21009	<input type="checkbox"/> Authorized		Abingdon, MD 21009
Person		President	Person		Chief Operating Officer
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> 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

Joshua Frick, President

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KA SUPPORT SERVICES, 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 FOURTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KA SUPPORT SERVICES, LLC" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2018.

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



7188680 8300

SR# 20208206750

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204003197

Date: 11-04-20