

9/17/21, 12:17 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
Akima Data Management, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2021 SEP 17 12:26

TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FL

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Help

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. Akima Data Management, 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. This alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Alaska 36-4862584
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2553 Dulles View Drive 2553 Dulles View Drive
(Street Address of Principal Office) (Mailing Address)

Suite 700

Suite 700

Herndon, VA 20171

Herndon, VA 20171

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System
By: Lisa DuBois, Asst. Secretary
(Registered agent's signature)

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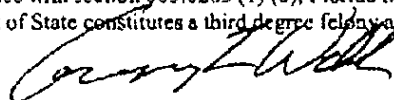
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: <u>Anne Donohue</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Christopher Jenkins</u>
<input type="checkbox"/> Member	Address: <u>2553 Dulles View Drive</u>	<input type="checkbox"/> Member	Address: <u>2553 Dulles View Drive</u>
<input checked="" type="checkbox"/> Authorized	Suite 700	<input type="checkbox"/> Authorized	Suite 700
Person	<u>Herndon, VA 20171</u>	Person	<u>Herndon, VA 20171</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Larry Mechner</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>William Monet</u>
<input type="checkbox"/> Member	Address: <u>2553 Dulles View Drive</u>	<input type="checkbox"/> Member	Address: <u>2553 Dulles View Drive</u>
<input checked="" type="checkbox"/> Authorized	Suite 700	<input type="checkbox"/> Authorized	Suite 700
Person	<u>Herndon, VA 20171</u>	Person	<u>Herndon, VA 20171</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Greg Welch</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2553 Dulles View Drive</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Suite 700	<input type="checkbox"/> Authorized	_____
Person	<u>Herndon, VA 20171</u>	Person	_____
<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

Greg Welch

Typed or printed name of signer

Alaska Entity #10053244

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

AKIMA DATA MANAGEMENT, LLC

This entity was formed on March 7, 2017 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective July 1, 2021.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner