

M210000130841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

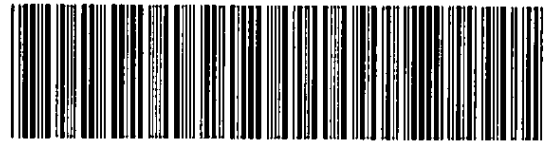
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2021/05/19 AM 8:32

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DATAPRISE, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MITCHELL PAIGE

Name of Person

DATAPRISE, LLC

Firm/Company

9600 BLACKWELL ROAD, SUITE 400

Address

ROCKVILLE, MD 20850

City/State and Zip Code

MPAIGE@DATAPRISE.COM

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

For further information concerning this matter, please call:

Mitchell Paige

301

945-0680

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

3. 52-1920434
(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. 582 NW University Blvd., Suite 500
(Street Address of Principal Office)

6. 582 NW University Blvd., Suite 500
(Mailing Address)

PORT SAINT LUCIE, FLORIDA 34986

PORT SAINT LUCIE, FLORIDA 34986

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

Name: John Raos

Office Address: 582 NW University Blvd., Suite 500

PORT SAINT LUCIE 34986
(City) Florida (Zip code)

2021 APR 19 AM 8:32

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.

John A Raos
(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: John Raos

☐ Member Address: 582 NW University Blvd., Suite

☐ Authorized PORT SAINT LUCIE, FLORIDA 34986

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Christopher Sousa

☐ Member Address: 9600 Blackwell Road

☐ Authorized 4th Floor

Person Rockville, MD 20850

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Mitchell Paige

☐ Member Address: 9600 Blackwell Road

☐ Authorized 4th Floor

Person Rockville, MD 20850

☐ Other _____ ☐ Other _____

☒ Manager Name: Stephen Lewis

☐ Member Address: 9600 Blackwell Road

☐ Authorized 4th Floor

Person Rockville, MD 20850

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

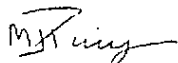
Person _____

☐ 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

Mitchell Paige


Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DATAPRISE, 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 TWENTY-FIRST DAY OF MAY, A.D. 2021.


Jeffrey W. Bullock, Secretary of State

2488114 8300

SR# 20211626337

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203265687

Date: 05-21-21