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From:	Account Name · REGISTERED AGENTS INC	SSEC OF P

Account Number : I20090000081

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

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### **Foreign Limited Liability Company COMTECH LLC**

2021 OCT 256

Certificate of Status	0		
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S. ROBERTS

OCT 2 6 2021

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 695.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: COMTECH LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Comtech FL LLC (If name anavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.E.C.") furnshiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if poter to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1801 ROBERT FULTON DR. SUITE 410 1801 ROBERT FULTON DR. SUITE 410 (Street Address of Principal Office) RESTON VA 20191 RESTON VA 20191 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg

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.



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: Title or Capacity: Name and Address: SHAILENDRA SHARMA Manager Manager 1801 ROBERT FULTON DR SUITE 410 Member Address: \_ Member Address: RESTON VA 20191 Authorized Authorized Person Person Other\_\_\_ Other Other Other\_ Manager Name: Member Member Address: Address: Authorized Authorized Person Person Other Other\_\_\_\_\_ Other Other Name: \_\_\_\_\_ Manager Manager Member Member Address: Address: Authorized Authorized Person Person Other\_\_\_\_ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Riley Park

Typed or printed name of signee

# Commonwalth of Hirginia



## State Corporation Commission

### CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That COMTECH LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on July 14, 1998; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

October 22, 2021

Bernard J. Logan, Clerk of the Commission