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(Requestor's Name)

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(Business Entity Name)

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- 1400

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/01/2021

Acc#I20160000072

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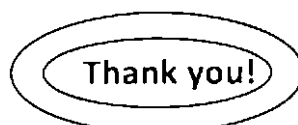
Name:	Aegis SE, LLC
Document #:	
Order #:	70995699

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$	125.00
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2021

CT CORP

SUBJECT: AEGIS SE, LLC
Ref. Number: W21000143142

CORRECTED
Please Allow For
Same File Date

We have received your document for AEGIS SE, LLC. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 921A00026674

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TALLAHASSEE, FLORIDA

2021 NOV -3 PM 4:26

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aegis SE, 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:

Michael Bonistalli

Name of Person

The Aegis Companies

Firm/Company

8455 Colesville Road, Suite 1500

Address

Silver Spring, MD 20910

City/State and Zip Code

mbonistalli@consultaegis.com

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

For further information concerning this matter, please call:

Michael Bonistalli

240

454-1537

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. Aegis SE, 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. 84-4725984

(FEI number, if applicable)

4. Upon Qualification

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

5. 111 N. Magnolia Ave., Suite 150

(Street Address of Principal Office)

Orlando, FL 32801

6. 8455 Colesville Rd., Suite 1500

(Mailing Address)

Silver Spring, MD 20910

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

(City)

, Florida

33324

(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:

(Registered agent's signature)

Christine Kelm
Assistant Secretary

FILED
20 NOV - 1 PM 1:14
CLERK OF DISTRICT COURT

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: Aegis Management, LLC

☐ Member Address: 8455 Colesville Rd

☐ Authorized Suite 1500

Person Silver Spring, MD 20910

☐ Other _____ ☐ Other _____

☐ Manager Name: David Hatwell

☐ Member Address: 8455 Colesville Rd

☒ Authorized Suite 1500

Person Silver Spring, MD 20910

☐ Other _____ ☐ Other _____

☐ Manager Name: Robert Plunkett

☐ Member Address: 8455 Colesville Rd.

☒ Authorized Suite 1500

Person Silver Spring, MD 20910

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Michael Bonistalli

☐ Member Address: 8455 Colesville Rd

☒ Authorized Suite 1500

Person Silver Spring, MD 20910

☐ Other _____ ☐ Other _____

☐ Manager Name: Kyle MacDonald

☐ Member Address: 8455 Colesville Rd

☒ Authorized Suite 1500

Person Silver Spring, MD 20910

☐ 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

Michael Bonistalli

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AEGIS SE, 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-NINTH DAY OF OCTOBER, A.D. 2021.

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

FILED
2021 NOV - 1 PM 1:14
DELAWARE SECRETARY OF STATE



7797459 8300

SR# 20213652080

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


Jeffrey W. Bullock, Secretary of State

Authentication: 204548152

Date: 10-29-21