

M21 0000 16311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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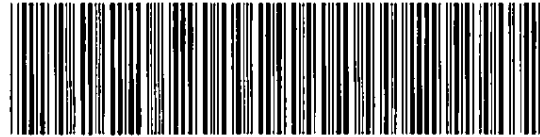
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. HAWKES

DEC -3 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 278174 7849607
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : December 2, 2021
ORDER TIME : 9:22 AM
ORDER NO. : 278174-005
CUSTOMER NO: 7849607

FOREIGN FILINGS

NAME: PRESIDIO GOVERNMENT SOLUTIONS
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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. Presidio Government Solutions 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. 85-1500046 (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. 12100 Sunset Hills Road, Suite 300 (Street Address of Principal Office)
6. 12100 Sunset Hills Road, Suite 300 (Mailing Address)
Reston, VA 20190-3295 Reston, VA 20190-3295

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee Florida 32301
(City) (Zip code)

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STATE OF FLORIDA

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.

By: Eyleina Baker Assistant Vice President
(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: Lauren Johns
 Member Address: 12100 Sunset Hills Road
 Authorized Suite 300, Reston, VA 20190-3295
Person _____
 Other _____ Other _____

Title or Capacity: **Name and Address:**
 Manager Name: David Hart
 Member Address: 12100 Sunset Hills Rd
 Authorized Ste, 300 Reston, VA 30190-3295
Person _____
 Other _____ Other _____

Manager Name: Robert Cagnazzi
 Member Address: 12100 Sunset Hills Road
 Authorized Suite 300, Reston, VA 20190-3295
Person _____
 Other _____ Other _____

Manager Name: Clara Conti
 Member Address: 12100 Sunset Hills Road
 Authorized Suite 300, Reston, VA 20190-3295
Person _____
 Other _____ Other _____


Manager Name: Richard C. Schaeffer, Jr.
 Member Address: 12100 Sunset Hills Road
 Authorized Suite 300, Reston, VA 20190-3295
Person _____
 Other _____ Other _____

Manager Name: Drew Russell Winneberger
 Member Address: 12100 Sunset Hills Road
 Authorized Suite 300, Reston, VA 20190-3295
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

Lauren Johns , Manager

Typed or printed name of signer

Presidio Government Solutions LLC

Additional Managers - Florida

Eric Robert Helthall – Manager

Office: 12100 Sunset Hills Road, Suite 300 Reston, VA 20190-3295

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRESIDIO GOVERNMENT SOLUTIONS 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 SECOND DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRESIDIO GOVERNMENT SOLUTIONS LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2020.

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




Jeffrey W. Bullock, Secretary of State

7951696 8300

SR# 20213961811

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

Authentication: 204848797

Date: 12-02-21