

M22000015982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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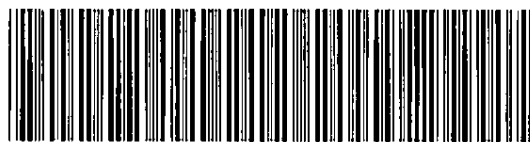
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# CT CORP

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

Date: 10/18/2022

Acc#I20160000072

*en: c DW*

Name:	Gryphon M&T, LLC
Document #:	
Order #:	14543050

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ 155.00

Thank you!

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GRYPHON M&T, 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:

Jeffrey S. Brown

\_\_\_\_\_  
Name of Person

ManTech International Corporation

\_\_\_\_\_  
Firm/Company

2251 Corporate Park Dr.

\_\_\_\_\_  
Address

Herndon, VA 20171

\_\_\_\_\_  
City/State and Zip Code

Jeffrey.Brown@mantech.com

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

For further information concerning this matter, please call:

Jeff Brown

703

326-1000

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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. GRYPHON M&T, 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. Pennsylvania

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

3.

(FEI number, if applicable)

4. October 6, 2021

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

5. 6017 Pow Mia Memorial Pkwy

(Street Address of Principal Office)

6. 2251 Corporate Park Dr.

(Mailing Address)

Ste 200a

Herndon, VA 20171

Jacksonville, FL 32221-8140

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 Corp System

By: Sherry McG

Sherry McGinnes, Assistant Secretary

(Registered agent's signature)

APPROVED  
AND  
FILED

2022 OCT 18 PM 4:26  
CLERK OF DISTRICT  
CLERK OF DISTRICT  
CLERK OF DISTRICT

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: Matthew A. Tait

☐ Member Address: 2251 Corporate Park Dr.

☐ Authorized Herndon, VA 20171

Person \_\_\_\_\_

☒ Other President ☐ Other \_\_\_\_\_

☐ Manager Name: Bonnie J. Cook

☐ Member Address: 2251 Corporate Park Dr.

☐ Authorized Herndon, VA 20171

Person \_\_\_\_\_

☒ Other Senior VP ☐ Other \_\_\_\_\_

☐ Manager Name: JoAnne M. Dukeshire

☐ Member Address: 2251 Corporate Park Dr.

☐ Authorized Herndon, VA 20171

Person \_\_\_\_\_

☒ Other Vice President ☐ Other \_\_\_\_\_

Title or Capacity: Name and Address:

☐ Manager Name: Judith L. Bjomaas

☐ Member Address: 2251 Corporate Park Dr.

☐ Authorized Herndon, VA 20171

Person \_\_\_\_\_

☒ Other Senior VP ☐ Other \_\_\_\_\_

☐ Manager Name: David Hathaway

☐ Member Address: 2251 Corporate Park Dr.

☐ Authorized Herndon, VA 20171

Person \_\_\_\_\_

☒ Other Senior VP ☐ Other \_\_\_\_\_

☐ Manager Name: Jeffrey S. Brown

☐ Member Address: 2251 Corporate Park Dr.

☐ Authorized Herndon, VA 20171

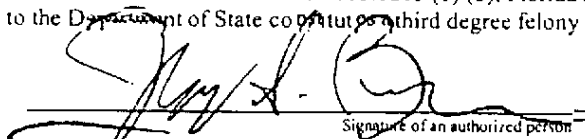
Person \_\_\_\_\_

☒ Other Secretary ☐ 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

Jeffrey S. Brown

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

09/15/2022

TO ALL WHOM THESE PRESENTS SHALL COME. GREETING:

I DO HEREBY CERTIFY THAT,

Gryphon M&T, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Laird M. Chapman*

Acting Secretary of the Commonwealth

Certification Number: TSC220915111131-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>