2300001904

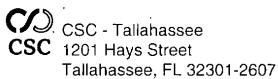
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600401639946

S. ROBERTS FEB 1 4 2023



850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland

Ext: 61592 Date: 02/13/23 Order #: 495077-1

Re: Caes Systems LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Armorization.

Amount to be deducted from our State Account: \$155.00 - FL State Account Number:

12000000195

Certified copy

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Boddoigh Envelope Ib. Tot of dob-d2-d-4bt From Do-A2203/1630/160

	gistration Section vision of Corporations			
SUBJECT:	CAES Systems LLC			
		me of Limited Liability Company		
		y Company for Authorization to Transact Business in Florida." Certificate of e referenced foreign limited liability company to transact business in Florida.		
Please return	all correspondence concerning this matter	to the following:		
	Aletha Pharr-Thomas			
		Name of Person		
	CAES Systems LLC			
		Firm/Company		
	2121 Crystal Drive, Suite 800			
Address				
	Arlington, VA 22202			
		City/State and Zip Code		
	CAES-Legal@caes.com			
	E-mail address: (to	be used for future annual report notification)		
For further i	nformation concerning this matter, please of	eall:		
Alc	etha Pharr-Thomas	57 410-1865 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
	iling Address:	Street Address:		
	gistration Section	Registration Section		
		Division of Corporations		
ı		The Centre of Tallahassee		
Ta	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DF \$125.00 Filing Fee Certificate	EPARTMENT OF STATE fee & = \$\int_55.00 \text{ Filing Fee & } \square \$160.00 \text{ Filing Fee, Certificate}		

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

CAES Systems LLC			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company,""L.L.C.," or "LLC.")	
ume unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liabil	lity Company," "L L.C," o
Delaware			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number,	if applicable)
1/1/2023			
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration) ne penalty hability)	
CAES Systems LLC		CAES Systems LLC	
et Address of Principal Office)		6. (Mailing Address)	
4585 140th Avenue North, Suite 1009		2121 Crystal Drive, Suite 800	2023
Clearwater, FL 33762-3847		Arlington, VA 22202	
<u> </u>	<u> </u>		<u> </u>
Nama and aturat addess	or of Plantile mariety and accept. (D.O. Day	MOT our makin)	2
Name and <u>street audres</u>	ss of Florida registered agent: (P.O. Box	acceptable)	بې
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallhassee	32301 . Florida	
	(City)	(Zip code)	

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.

(Registered agent's signature) A.V.P.

Docasign Envelope ib.	1DF3F00D-0240-4DF	1-0100-AZZ03AE33A3C

Kimberly Withers

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]: SEE ATTACHED LIST OF MANAGERS & OFFICERS Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: David Young
Address: 2121 Crystal Drive, Suite 800 Name: Sean Daily **■**Manager Manager Address: 2121 Crystal Drive, Suite 800 □ Member □ Member Suite 800 Suite 800 □ Authorized □ Authorized Arlington, VA 22202 Arlington, VA 22202 Person Person President **■**Other____ □Other Name: David Fink Name: Robert Smith □Manager □Manager Address: 2121 Crystal Dive Address: 2121 Crystal Dive □Member □Member Suite 800 Suite 800 □ Authorized □ Authorized Arlington, VA 22202 Arlington, VA 22202 Person Person ■Other_Vice President Vice President □Other □Other Name: __ Bruce Almquist, Vice Pre Name: Alan Takahashi □Manager □Manager Address: 2121 Crystal Dive Address: 2121 Crystal Dive □Member □Member Suite 800 Suite 800 □ Authorized □ Authorized Arlington, VA 22202 Arlington, VA 22202 Person Person **■**Other______Vice President Other UP & Secretary 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. Eimberly Withers
-B2249ABD241C478... Signature of an authorized person

Typed or printed name of signee

DocuSign Envelope ID: 1DF5F80D-6246-4DF7-87DU-A2269AE99A9C

ADDITIONAL CAES SYSTEMS LLC OFFICERS

Title or Capacity

Treasurer

Name

Danielle Keaney

Address

2121 Crystal Drive, Suite 800, Arlington, VA 22202

Title or Capacity

Assistant Secretary

Name

Kimberly Withers

Address

2121 Crystal Drive, Suite 800, Arlington, VA 22202

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CAES SYSTEMS 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 TWELFTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAES SYSTEMS LLC" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2022.

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

6794746 8300 SR# 20224236195 Authentication: 205066277

Date: 12-12-22