M22000015919

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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2023 DEC 21 AMII: 28
3EGGETARY OF STATE



December 18, 2023

SEAN O'CONNOR 1593 SPRING HILL ROAD, SUITE 710 VIENNA, VA 22182 US

SUBJECT: TAKE2 CONSULTING LLC

Ref. Number: W23000167629

We have received your document for TAKE2 CONSULTING LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Letter Number: 323A00028797

Ariel Jones Regulatory Specialist II

www.sunbiz.org

DO TO BOY 6297 Tollaharran Florida 39314

COVER LETTER

TO:

	ion of Corporations				
	TAKE2 CONSULTING LLC				
_	Name	e of Limited Liability Company			
enclosed ' stence, and	"Application by Foreign Limited Liability (I check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori			
ise return a	all correspondence concerning this matter to	o the following:			
	SEAN O'CONNOR				
		Name of Person			
	TAKE2 CONSULTING LLC Firm/Company				
	1593 SPRING HILL ROAD, SUITE 7	710			
		Address			
	VIENNA, VA 22182				
		ity/State and Zip Code			
	SOCONNOR@TAKE2IT.COM				
	E-mail address: (to be	c used for future annual report notification)			
further inf	formation concerning this matter, please cal	II:			
SEAN O'CONNOR		703 966-0388			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tall	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEF 425.00 Filing Fee S130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee. Certificate			

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

IN COMPILANCE 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:

I. TAKE2 CONSULTING				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability C	ompany," "L.L.C." or "LLC.")
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	orida. The alte	mate name must include "Limited	Liability Company," "L.L.C," or "LLC,")
VIRGINIA 2		4 3.	7-2507011	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(PEI nun	nber, if applicable)
SEPTEMBER 1, 2023				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liab	oilityt	
1593 SPRING HILL F	ROAD	15	593 SPRING HILL ROA	
5. (Street Address of Principal Office)		о	(Mailing Address)	
SUITE 710		SI	JITE 710	
VIENNA, VA 22182		V	IENNA, VA 22182	2023 DEC 21 SECRETAT
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)	>~ ====================================
Name:	SEAN QUIGLEY			AHII: 28 SEES, FL
Office Address:	2911 TRILBY AVE			28
	TAMPA		33611 , Florida	
	(City)		(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.

Sear I (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:	Title or Capacity:	Name and Address:
□Manager	Name: SERGE KHOURY	□Manager	Name: MARK DEVER
■Member	Address: 8852 WESTERN	■Member	Address: 41279 CLIFF CIRCLE
□Authorized	HEMLOCK WAY	□Authorized	LEESBURG, VA 20175
Person	LORTON, VA 22079	Person	
□Other	Other	□Other	Other
□Manager	Name: GREGORY DIAMOND	□Manager	LISA KURZ Name:
■Member	Address: 428 CHILDERS ST	■Member	Address:
□Authorized	PENSACOLA, FL 32354	□Authorized	HEMLOCK WAY
Person		Person	LORTON, VA 22079
□Other	Other	□Other	□Other
□Manager	Name: NICHOLAS DEFELICE	□Manager	Name:
■Member	Address: 41314 SILVERSIDE DR	□Member	Address:
□Authorized	LEESBURG, VA 20175	□Authorized	
Person		Person	
□Other	Other	□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.

S.F. O'Caren	11/16/2023	
Signature of an authorized person		
SEAN O'CONNOR		
Typed or	printed name of signee	

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Take2 Consulting, LLC, a Limited Liability Company formed under the law of Delaware obtained a certificate of registration to transact business in Virginia from the Commission on February 4, 2021; and

That the Limited Liability Company is registered to transact business in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

December 20, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2023122019618774