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Division of Corporations

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From:
Account Name : C T CORPORATION SYSTEM
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: legal@gmail.com

**Foreign Limited Liability Company
ECS Midwest, LLC**

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TALLAHASSEE, FLORIDA

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**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. ECS Midwest, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

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

3. _____
(F.L.L. 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. 14030 Thunderbolt Pl
(Street Address of Principal Office)

6. 14030 Thunderbolt Pl
(Mailing Address)

Chantilly, VA 20151

Chantilly, VA 20151

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, Florida 33324
(City) (Zip code)

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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: Denise Bell C.T. Corporation System
(Registered agent's signature) Denise Bell - Asst. Secretary

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Brent Gaskin</u>	<input type="checkbox"/> Manager	Name: <u>Alagaiya Veeramani</u>
<input checked="" type="checkbox"/> Member	Address: <u>14030 Thunderbolt Pl</u>	<input checked="" type="checkbox"/> Member	Address: <u>14030 Thunderbolt Pl</u>
<input type="checkbox"/> Authorized	<u>Chantilly, VA 20151</u>	<input type="checkbox"/> Authorized	<u>Chantilly, VA 20151</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input type="checkbox"/> Manager	 Name: <u>Chris Lopez</u>	 <input type="checkbox"/> Manager	 Name: <u>Anthony Fiorillo</u>
<input checked="" type="checkbox"/> Member	Address: <u>14030 Thunderbolt Pl</u>	<input checked="" type="checkbox"/> Member	Address: <u>14030 Thunderbolt Pl</u>
<input type="checkbox"/> Authorized	<u>Chantilly, VA 20151</u>	<input type="checkbox"/> Authorized	<u>Chantilly, VA 20151</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input type="checkbox"/> Manager	 Name: <u></u>	 <input type="checkbox"/> Manager	 Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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.817.055, F.S.

Chris Lopez
Signature of an authorized person

Chris Lopez
Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That ECS Midwest, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on April 16, 2004; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

September 17, 2024

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission