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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (614)573-3996

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Email Address: b.corbett@seabrook-solutions.com

## Foreign Limited Liability Company Arrow's Edge, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

To:

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

From: Daylen Platt

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware    Ourisdiction under the law of which foreign line	nited liability company is organized)	orida. The nh		"ompany," "L. (C," or "L.l.C.")
(Date fire (See sect 1525 Perimeter Parkway NW Sustreet Address of Principal Office)  Huntsville, AL  35806-3560  Name and street address of Florid  Name:  CT Cor  Name:  1200 Sou  Office Address:	nited liability company is organized)			Company," "E. C.C." or "LLC.")
(Date fire 1825 Perimeter Parkway NW Sustreet Address of Principal Office)  Huntsville, AL  35806-3560  Name and street address of Florid  Name:    1200 Sou   Office Address:		3	(FEI number Han	
(Date fire See Sect 1525 Perimeter Parkway NW Sustreet Address of Principal Office)  Huntsville, AL  35806-3560  Name and street address of Florid  Name:  CT Cor  Name:  1200 Sou  Office Address:		3	All number if we	
1525 Perimeter Parkway NW Sustreet Address of Principal Officer  Huntsville, AL  35806-3560  Name and street address of Florid  Name:  C T Cor  Name:  1200 Sou  Office Address:			( Di Dunger, et al.)	plicable)
1525 Perimeter Parkway NW Surrect Address of Principal Officer  Huntsville, AL  35806-3560  Name and street address of Florid  Name:  CT Cor  Name:  1200 Sou  Office Address:				
1525 Perimeter Parkway NW Surect Address of Principal Officer  Huntsville, AL  35806-3560  Name and street address of Florid  Name:  C T Cor  Name:  1200 Soc  Office Address:  Plantatio	transacted business in Florida, if prior to one 605 0904 & 605 0905, F.S. to determi	registration )	hiliter	
Huntsville, AL  35806-3560  Name and street address of Florid  Name:  C T Cor  Name:  1200 Soc  Plantatio		-	•	Huntsville AL 35806 3560
Huntsville, AL  35806-3560  Name and street address of Florid  Name:  C T Cor  Name:  1200 Soc  Plantatio		6	1 525 Perimeter Parkway NW Suite 255 (Mailing Address)	<del></del>
Name and street address of Florid  Name:  C T Cor  Name:  1200 Soc  Plantatio			,	
Name and street address of Florid  Office Address:  Plantatio				
Name and street address of Florid  Office Address:  Plantatio		_		
Name:  C T Cor  Name:  1200 Soc  Office Address:  Plantatio				
Name:  C T Cor  Name:  1200 Soc  Office Address:  Plantatio	<del></del>	_		
Name: ±200 Sou Office Address: Plantatio	a registered agent: (P.O. Box	NOT ac	ceptable)	<b>~</b> 3
Name: ±200 Sou Office Address: Plantatio				ψ <u>ζ4</u>
Name: +200 Sou Office Address: Plantatio	poration System			20241.97/22
Office Address:  Plantatio				72
Plantatio	th Pine Island Road			12
	<del> </del>		<del></del>	12
	n		33324	<del></del>
	(Cav)		Florida	24
	48.451		(CA)	- <del></del>
egistered agent's acceptance: aving been named as registered ag signated in this application, I here comply with the provisions of all ad accept the obligations of my pos	by accept the appointment a statutes relative to the proper	s registere	ed agent and agree to act in this	capacity. I further ag
	C T Corporation System	1	Jessica Cro	owley, Member
В <u>у:</u>			<i></i>	

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]:

Carley de Calming LLC	
Wanager Name: Seabrook Solutions LLC UManager Name: Amentum Services Inc.	
☐Member Address: 1525 Perimeter Parkway NW ☐Member Address: 2501 Seneca	
Suite 255  Meadows Parkway Ste.  Authorized  Mathorized	
Person Person 300 Germantown, MD 20876	
□Other□Other□Other□Other□Other□Other□Other□Other	
□Manager Name: □Manager Name:	
□Member Address: □ □Member Address: □	
□Authorized □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Person Person	
□Other □Other □Other □Other	
□Manager Name: □ □Manager Name: □	
☐Member Address: ☐Member Address:	
DAuthorized     DAuthorized	
Person Person	
□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.

of an authorized person
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To: Page: 5 of 5 2024-11-22 09.47;43 CST 12122023573 From: Daylen Platt



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ARROW'S EDGE, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2024.

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

Authentication: 204926897

Date: 11-20-24