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CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 06/18/2025
Acc#I20160000072

en: c SW

Name:	Blackhorse, A Parsons LLC
Document #:	
Order #:	16263570

Certified Copy of Arts & Amend:	☐	1-2 filing	
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐	withdrawal 1st - registration 2nd	
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Amount: \$ **155.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blackhorse, A Parsons 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:

Grace Cansino

Name of Person

Parsons

Firm/Company

100 West Walnut Street, 12th Floor

Address

Pasadena, CA 91124

City/State and Zip Code

Grace.Cansino@parsons.us

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

For further information concerning this matter, please call:

Grace Cansino

626
at ()

440-4446

Name of Contact Person

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. Blackhorse, A Parsons 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. 5/20/2020 Previously filed under document #F20000002296
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 13461 Sunrise Valley Drive
(Street Address of Principal Office)

Suite 400

Herndon, VA 27615

6. 13461 Sunrise Valley Drive
(Mailing Address)

Suite 400

Herndon, VA 27615

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)

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: C T Corporation System
(Registered agent's signature)

By: Terrie Medina, Asst. Secy.

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CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

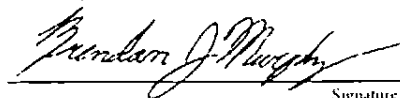
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
☒ Manager	Name:	Michael R. Kolloway		☒ Manager	Name:	Matthew Ofilos	
☐ Member	Address:	1422 S. Tryon Street		☐ Member	Address:	14291 Park Meadow Drive	
☐ Authorized		Suite 800		☐ Authorized		Suite 100	
Person		Charlotte, NC 28203		Person		Chantilly, VA 20151	
☐ Other			☐ Other	☐ Other			☐ Other
☐ Manager	Name:			☐ Manager	Name:		
☐ Member	Address:			☐ Member	Address:		
☐ Authorized				☐ Authorized			
Person				Person			
☐ Other			☐ Other	☐ Other			☐ Other
☐ Manager	Name:			☐ Manager	Name:		
☐ Member	Address:			☐ Member	Address:		
☐ Authorized				☐ 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.



Signature of an authorized person

Brendan Murphy

Typed or printed name of signee

Delaware

The First State

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLACKHORSE, A PARSONS 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 SEVENTEENTH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACKHORSE, A PARSONS LLC" WAS FORMED ON THE EIGHTH DAY OF OCTOBER, A.D. 2014.

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



5617735 8300

SR# 20253105452

You may verify this certificate online at corp.delaware.gov/authver.shtml

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203975459

Date: 06-17-25