P12000092656

(Requestor's Name)

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(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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/3
9/26

W12-50896

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Blethen Corporation
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- [x] $70.00 Filing Fee
- [ ] $78.75 Filing Fee & Certificate of Status
- [ ] $78.75 Filing Fee & Certified Copy
- [ ] $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Tricia Olsen
Name (Printed or typed)

6420 Grovedale Drive Suite 300
Address

Alexandria, VA 22310
City, State & Zip

703-924-0474
Daytime Telephone number

tolsen@techsystemsinc.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

OCT 1 0 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2012

TRICIA OLSEN
6420 GROVELAND DR SUITE 300
ALEXANDRIA, VA 22310

SUBJECT: BLETHEN CORPORATION
Ref. Number: W12000050846

RECEIVED
12 OCT 16 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BLETHEN CORPORATION and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 812A00024581

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2012

TRICIA OLSEN
6420 GROVELAND DR SUITE 300
ALEXANDRIA, VA 22310

SUBJECT: TECH SYSTEMS OF VIRGINIA
Ref. Number: W12000050846

We have received your document for TECH SYSTEMS OF VIRGINIA and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 812A00024581

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ~~Blethen Corporation~~ ~~Tech Systems of Virginia~~ Tech Systems Inc. of Virginia

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6420 Grovedale Drive
Suite 300
Alexandria, VA 22310

Mailing address, if different is:

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TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Government Contractor.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy Blethen, President and CEO
Address: 6420 Grovedale Drive, Suite 300, Alexandria, VA 22310

Name and Title:
Address:

Name and Title: Christopher Blethen, Officer
Address: 6420 Grovedale Drive, Suite 300, Alexandria, VA 22310

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Ludovic Baudoin d'Ajoux
Address: 14447 Tranquility Creek
Jacksonville, FL 32226

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Nancy Blethen
Address: 6420 Grovedale Drive Suite 300
Alexandria, VA 22310

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

L m Baudoin d'Ajoux
Required Signature/Registered Agent

8/28/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Nancy Blethen
Required Signature/Incorporator

8/28/12
Date