

P23000011227

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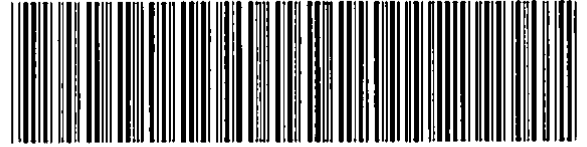
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3458 Lakeshore Drive, Tallahassee, FL 32312
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Tim Gale

Name:	Applied AIC, Inc.
Document #:	
Order #:	14781708 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Email Address for Annual Report Notification

Tim.Gale@amsgroup.net

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Thank you!

COVER LETTER

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

SUBJECT: Applied AIC, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ \$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: Lynn Reardon, Senior Paralegal

Name (Printed or typed)

201 E. Fourth Street, Suite 1900

Address

Cincinnati, Ohio 45202

City, State & Zip

513 361 1259

Daytime Telephone number

Tim.Gale@amsgroup.net

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

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

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: Applied AIC, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

659 S. Washington Street

Alexandria, Virginia 22314

Mailing address, if different is:

659 S. Washington Street

Alexandria, Virginia 22314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100,000 common, \$0.01 par

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy Gale, Director and President

Address

659 S. Washington Street

Alexandria, Virginia 22314

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: C T Corporation System
Address: 1200 South Pine Island Road Plantation,
FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kirk D. Beckhorn, Esq.
Address: c/o Squire Patton Boggs (US) LLP
2550 M Street, NW, Washington, DC 20037

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

By: C T Corporation System /s/Laura R. Broderick, Assistant Secretary

02/13/2023

Required Signature/Registered Agent

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.

/s/ Kirk D. Beckhorn

02/13/2023

Required Signature/Incorporator

Date