Document Number Only

P95000073865

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City State Zip Phone

CORPORATION(S) NAME

Witkovski - Gammon, Inc.

( ) Profit Mfg of Inc.
( ) NonProfit

( ) Amendment

( ) Merger

( ) Foreign

( ) Dissolution/Withdrawal

( ) Mark

( ) Limited Partnership
( ) Reinstatement

( ) Annual Report
( ) Reservation

( ) Other
( ) Change of R.A.
( ) Fic. Name

( ) Certified Copy

( ) Photo Copies

( ) CUS

( ) Call When Ready
(■) Walk In
( ) Mail Out

( ) Call if Problem

( ) After 4:30
(■) Pick Up

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

9-25
3pm

PLEASE RETURN EXTRA COPIES
FILE STAMPED

CR2E031 (1-89)

BROWN SEP 2 5 1995

State of Florida

Articles of Incorporation

Of

WITKOVSKI-GAMMON, INC.

FIRST: The corporate name that satisfies the requirements of Section 607.0401 is: WITKOVSKI-GAMMON, INC.

SECOND: The street address of the principal office of the corporation and its mailing address is:

c/o James A. Gammon, Pres., 8280 Greensboro Dr. 7th floor, McLean, Virginia, 22102

THIRD: The number of shares the corporation is authorized to issue is One Thousand (1,000).

FOURTH: The street address of the initial registered office of the corporation is C/O C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, CITY OF PLANTATION, FLORIDA 33324, and the name of its initial registered agent at such address is C T CORPORATION SYSTEM.

FIFTH: The name and address of each incorporator is:

Todd Monckton	1025 Vermont Avenue NW, Washington, D.C. 20005
Judith L. Ollerenshaw	1025 Vermont Avenue NW, Washington, D.C. 20005
Susan Eldredge	1025 Vermont Avenue NW, Washington, D.C. 20005

The undersigned have executed these articles of incorporation this Sept. 22, 1995.

Todd Monckton, Incorporator

Judith L. Ollerenshaw, Incorporator

Susan Eldredge, Incorporator

Acceptance by the Registered Agent as required in Section 607.0501 (3) F.S.: C T Corporation System is familiar with and accepts the obligations provided for in Section 607.0505.

C T CORPORATION SYSTEM

Dated September 22, 1995

By

Kevin J. Gallagher
(Type Name of Officer)

Asst. Vice President
(Title of of Officer)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 SEP 20 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000073865

1. Corporation Name

WITKOVSKY-GAMMON, INC.
I

Principal Place of Business

C/O JAMES A GAMMON
8250 GREENSBORO DR. 7TH FLOOR
MCLEAN VA 22102

Mailing Address

C/O JAMES A GAMMON
8250 GREENSBORO DR. 7TH FLOOR
MCLEAN VA 22102

800001954808
-09/24/96--01112--002
++++100.00 ++++100.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. # etc.
8280
City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. # etc.
8280
City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/25/1995

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State / Zip 4
President	James A. Gammon	7th Floor 8280 Greensboro Drive	Mclean, VA 22102
Vice Pres	Richard Witkovski	5946 Club Oaks Drive	Dallas, TX 75248

800001954808
-09/24/96--01112--003
++++175.00 ++++175.00

REINSTATEMENT

800001954808
-09/24/96--01112--004
++++8.75 ++++8.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. # Etc.

City | State: FL | Zip Code

CR2E040 (7/95)

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505 F.S.

Signature of Registered Agent: Kevin J. Gallagher, Asst. Vice President Date: 9/19/96

By: Kevin J. Gallagher, Asst. Vice President (REGISTERED AGENT MUST SIGN)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-96 Date 703 761-5010 Daytime Phone #

0008514 AF