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1/8/2021

NAME:

PROJILITY, INC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

abhie Hodge

## **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	Projility, Inc.			
50202017	Name	of corporation	- must include suffix	
Dear Sir or M	ladam:		•	
"Certificate o	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	e of Good Star	nding" and check are subr	t Business in Florida," mitted to register the
Please return	all correspondence concer-	ning this matte	r to the following:	
Helena Welch				
		Name of	Person	
Projility, Inc.				
		Firm/Cor	npany	
2 Wisconsin C	Circle Suite 700			
		Addı	ress	
Chevy Chase,	MD 20815			
		City/State	and Zip code	•
Helena@Proji				
	E-mail addre	ss: (to be used	for future annual report r	iotification)
For further in	formation concerning this	matter, please	call:	
Helena Welch		703	448-6777 x111	
Nam	e of Person	Area Co	de Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following ar neck payable to: FLORIDA ing Fee	DEPARTMEN ing Fee &	T OF STATE  \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavaila	ble in Florida, enter alternate corporate name adop	oted for the purpose of transacting b	ousiness in Florida)	
Delaware				
	under the law of which it is incorporated)	(FEI number, if appli	cable)	
06/16/2005	5			
(Date of incorporation)		(Date of duration, if other than perpetual)		
5	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability	)	
601 Brickell Key	Drive, Suite 700 Miami, FL 33131	,	•	
· <u> </u>	(Principal office s	street address)		
2 Wisconsin Circ	le Suite 700 Chevy Chase, MD 20815			
<del></del>	(Current mailing as	ddress, if different)	202	, , ,
3. Name and stree	t address of Florida registered agent: (P.O. B	Box <u>NOT</u> acceptable)	- HVF 1202	ראר
Name:	Paracorp Incorporated		· ά	
Office Address:	155 Office Plaza Drive, 1st F	loor	A A	(ت)
	Tallahassee	. Florida 32301	9: 07	
	(City)	, Florida 32301 (Zip code)	7	
Having been nam designated in this further agree to c	ent's acceptance:  ned as registered agent and to accept service  application, I hereby accept the appointmen  omply with the provisions of all statutes rela  with and accept the obligations of my posit	nt as registered agent and agre ative to the proper and complet	e to act in this capac e performance of my	rity. I
and I am familiai				

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			
☐ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	2 Wisconsin Circle Address:	☐ Vice Chairman	Address:
Director	Suite 700	□Director	Suite 700
■ President	Chevy Chase, MD 20815	□ President •	Chevy Chase, MD 20815
☐Vice President		■ Vice President	
■ Secretary	<b>■</b> Treasurer	☐ Secretary	Treasurer
Other	Other	□ Other	Other
□ Chairman	Name:	□Chairman •	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		☐ President	
□Vice President		□Vi∞ President	
☐ Secretary	Treasurer	Secretary	☐Treasurer
□ Other	Other	□Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	☐ Vice Chairman	Address:
□Director		Director	
□President	·	□President	
☐Vice President		□Vice President	
Secretary	Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	Other
	Jse an attachment to report more than six (6). The added to the index when filing your Florida Depar		
12	Signature of Direct	THE OWNER OF THE OWNER OWNER OF THE OWNER OW	<i>`</i>
			<b>√</b>
	tor signing this document (and who is listed in nun se information submitted in a document to the Dep		
Jose A. Marr	oig President	ſ	

### STATE OF FLORIDA

### REGISTERED AGENT CONSENT FORM

DATE: 01/7/2021

ENTITY NAME: Projility, Inc.

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



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

DELAWARE, DO HEREBY CERTIFY "PROJILITY, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROJILITY, INC."

WAS INCORPORATED ON THE SIXTEENTH DAY OF JUNE, A.D. 2005.

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



Authentication: 202236569

Date: 01-07-21