

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Arctic Information Technoloy, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Steve Dike

Name of Person

Arctic Information Technoloy, Inc

Firm/Company

375 W. 36th Ave. Ste 300

Address

Anchorage, AK 99503

City/State and Zip code

sdike@arcticit.com

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

For further information concerning this matter, please call:

Denise Barwick

Name of Person

at (**253**) **344.5300**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP -9 PM 1:54

**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.*

1. **Arctic Information Technology, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Alaska**

(State or country under the law of which it is incorporated)

3. **72-1542664**

(FEI number, if applicable)

4. **12-20-2002**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **375 W. 36th Ave, Ste 300. Anchorage, AK 99503**

(Principal office address)

375 W. 36th Ave, Ste 300. Anchorage, AK 99503

(Current mailing address)

8. **Information Technology Services**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. 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

(City)

33324

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation 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.



(Registered agent's signature)

11. 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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP -9 PM 1:54

12. Names and business addresses of officers and/or directors:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

A. DIRECTORS

Chairman: Roberta Quintavell

13 SEP -9 PM 1:54

Address: 11500 C Street., Ste. 150

Anchorage, AK 99515

Vice Chairman: _____

Address: _____

Director: Patrick Duke

Address: 11500 C Street., Ste 150

Anchorage, AK 99515

Director: Allen Todd

Address: 1 Doyon Place, Ste 300

Fairbanks, AK 99701

B. OFFICERS

President: Steve Dike

Address: 375 36th Ave., Ste. 300

Anchorage, AK 99503

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Steve Dike, CPA, President

(Typed or printed name and capacity of person signing application)

Alaska Entity #78392D

State of Alaska
Department of Commerce, Community and Economic Development
Corporations, Business and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Arctic Information Technology, Inc.

This entity was formed on December 20, 2002 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective August 27, 2013.

A handwritten signature in cursive script that reads "Susan K. Bell".

Susan K. Bell
Commissioner

13 SEP -9 PM 1:54

SECRETARY OF STATE
DIVISION OF CORPORATIONS