F17000003263

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: CERT WIN-58319 - L'IC rarry				
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Office Use Only



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S. WARREN JUL 21 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2017

JAMIE SHILANSKI 431 WEST 7TH AVENUE, SUITE 100 ANCHORAGE, AK 99501

SUBJECT: SHILANSKI AND ASSOCIATES INCORPORATED

Ref. Number: W17000058319

We have received your document for SHILANSKI AND ASSOCIATES INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate 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) 245-6051.

Letter Number: 917A00014289

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Sect Division of Corp			
SUBJI	ECT: Shilan:	Name of corporat	ion - must include suffix	
Dear S	ir or Madam:			
"Certif	icate of Existence.		for Authorization to Transa standing" and check are sub iness in Florida.	
Please	return all correspo	ndence concerning this ma	tter to the following:	
JAMIE	Shilanski	or Rosa Sh Name	ilanski of Person	
<u>Shila</u>	ngki + Ass	sociates Inc. Firm/C	ompany	
/12 :	Weel The	۲۱۱۱۱۱/۲ عملات سر ۸	• •	
451	WEST A	AVENUE Suite O) Idress	
	nage, Alask		e and Zip code	
jam	ie C Shilans	Com E-mail address: (to be use	ed for future annual report i	notification)
		oncerning this matter, pleas		
Rosa '	Shilanski	at (90 ^	7_) 2781351	
•	Name of Person	Area C	Code Daytime Telep	hone Number
	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclose	ed is a check for th	e following amount:		
□ \$70	.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$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.

1. Shilans Ki and Associates Inc: (Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATION,"				
(If name unavailable in Florida, enter alternate corporate name a					
2. Alaska (State or country under the law of which it is incorporated)	92 · 6080869 (FEI number, if applicable)				
4. <u>1981</u> 5. (Date of incorporation)	(Date of duration, if other than perpetual)				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7.431 W. 7 th Ave. Stc. 100, Archarge, Ak 99501 (Prioripal office address)					
	ig address, if different)				
8. Name and street address of Florida registered agent: (P.C. Name: John Raleigh Office Address: 2 N. Tamiami Trail ## Sarasota (City)	ジャー 土				

9. 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.

Sharper and service discourses

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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: Micau Shilanski Address: 43 1 W. 7th Ave 8te 100 Anchorage. All 99501 Address: _ B. OFFICERS President: Floyd Shilanski Address: 431 W. 7th Avr. 8te. (00) Anchorage, AK 99501 Vice President: Rosa Shilanski Address: \(\frac{\lambda}{I} \) Secretary: Amie Shilanski Treasurer: Mican Shilanchi Address: Q C. NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. 13. C. 8hi lans la Directo
(Typed or printed name and capacity of person signing application)

