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COVER LETTER

Division of Corpo			
SUBJECT: Alutiiq Dive	ersified Services, Inc.		
	Name of corporat	tion - must include suffix	
Dear Sir or Madam:			
	or "Certificate of Good S	for Authorization to Transac Standing" and check are sub siness in Florida.	
Please return all correspon	ndence concerning this ma	itter to the following:	202 SE
Monica Cunningham			F-9 - 7
	Name	of Person	A
Alutiiq, LLC			HAS
	Firm/C	Company	SEE C
3909 Aretic Blvd., Suite 500)		ESTA O
	Α	ddress	, W -1
Anchorage, AK 99503			
	•	te and Zip code	
mcunningham@alutiiq.com		ed for future annual report i	notification)
	E-man address. (to be us	ed for future annual report i	nonneation)
For further information co	oncerning this matter, plea	se call:	
Monica Cunningham	at (⁹⁰⁷	222-9500	
Name of Person	Area (phone Number
STREET/COUR Registration Section Division of Corporate Centre of Tale 2415 N. Monroe Stallahassee, FL. 2	orations Hahassee Street, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclosed is a check for the Please make check payable to \$70.00 Filing Fee	e following amount: to: FLORIDA DEPARTMI 378.75 Filing Fee & Certificate of Status	ENT OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 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.	Aluting Diversified Services, Inc.							
		orporation: must include "INCORPORAT orp." "Inc." "Co," or "Corp.")	ED." "	COMPANY," "CORPORATION,"				
	(If name unavaila	able in Florida, enter alternate corporate na	ıme ado	opted for the purpose of transacting business in Flori	ida)			
2.	Alaska (State or country under the law of which it is incorporated)			20-5179976 3.				
 .)	(FEI number, if applicable)				
4.	June 8, 2021		5					
•	(Date of incorporation)		J	(Date of duration, if other than perpetual)				
6.	June 8, 2021			21				
7.	3909 Arctic Blvd	(SEE SECTIONS 607.1501 & 60 Suite 500, Anchorage, AK 99503	7.1502	lorida, if prior to registration) L. F.S., to determine penalty liability) street address)	TILE.			
	(Current mailing address, if different)							
8.	. Name and stree	et address of Florida registered agent:	(P.O. I	Box <u>NOT</u> acceptable)				
	Name:	Corporation Service Company	<u></u> -	<u></u>				
Office Add	office Address:	1201 Hays Street						
		Tallahassee		Florida				
		(City)		(Zip code)				

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.

(Registered agent's signature)

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.

A. DIRECTORS Larry M. Symons Name: Sandra Chandler □Chairman □ Chairman 3909 Arctic Blvd. 3909 Arctic Blvd. □ Vice Chairman Address: ☐ Vice Chairman Address: Suite 500 Suite 500 □ Director (XD)rector Anchorage, AK 99503 Anchorage, AK 99503 □President □ Vice President □Vice President ☐Treasurer □Treasurer **⊠**Secretary □ Secretary □Other _____ □Other _____ □Other _____ $\square Chairman$ Name: _____ □Chairman Name: ____ □ Vice Chairman Address: _ □Vice Chairman Address: ____ □ Director □ Director □President □President □Vice President __ □ Vice President □ Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other ___ Name: _____ □Chairman □ Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: _____ Director □Director □ President □President ☐ Vice President ☐ Vice President _____ □Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other _____ □ Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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

13. Larry M. Symons, President

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

s.817.155, F.S.

This entity was formed on July 5, 2006 and is in good standing. This entity has filed all biennial reports and ties due at this time.

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

Lubi Cinterior



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective July 12, 2021.

Julie Anderson Commissioner