

F230000005207

(Requestor's Name)

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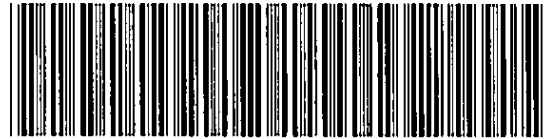
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 09/12/2023
Acc#I20160000072

en: c DW

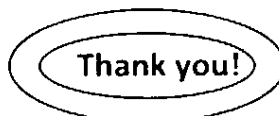
Name:	STAMPEDE VENTURES, INC.
Document #:	
Order #:	15124175 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <u>licensure@beringstraits.com</u>
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stampede Ventures, 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:

Lori Moerbitz

Name of Person

Bering Straits Native Corporation

Firm/Company

3301 C Street, Suite 400

Address

Anchorage, AK 99503-3958

City/State and Zip code

licensure@beringstraits.com

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

For further information concerning this matter, please call:

Lori Moerbitz

at (907) 344-7239 (Alaska Time)

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

**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. Stampede Ventures, 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 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/27/1992 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 09/08/2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 110 Front Street, Suite 300, Nome, AK 99762
(Principal office street address)
3301 C Street, Suite 400, Anchorage, AK 99503-3958
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation . Florida 33324
(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.

Stephanie Hencz Stephanie Hencz - Assistant
Secretary
(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.

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

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STATE OF FLORIDA
TALLAHASSEE

A. DIRECTORS

☒ Chairman Name: Cynthia Massie
☐ Vice Chairman Address: _____
☒ Director 3301 C Street, Suite 400
☐ President Anchorage, AK 99503
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Ella Anagick
☐ Vice Chairman Address: _____
☒ Director 3301 C Street, Suite 400
☐ President Anchorage, AK 99503
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____


☐ Chairman Name: Z. Daniel Graham
☐ Vice Chairman Address: _____
☐ Director 3301 C Street, Suite 400
☒ President Anchorage, AK 99503
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Larry Pederson
☐ Vice Chairman Address: _____
☐ Director 3301 C Street, Suite 400
☐ President Anchorage, AK 99503
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kimberly Cunningham
☐ Vice Chairman Address: _____
☐ Director 3301 C Street, Suite 400
☐ President Anchorage, AK 99503
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other VP-Finance ☐ Other _____

☐ Chairman Name: Krystal Nelson
☐ Vice Chairman Address: _____
☐ Director 3301 C Street, Suite 400
☐ President Anchorage, AK 99503
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other VP-Operations ☐ 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.

12. 
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. Z. Daniel Graham, President
(Typed or printed name and capacity of person signing application)

A. DIRECTORS

☐ Chairman Name: Douglas Smith
☐ Vice Chairman Address: _____
☐ Director 3301 C Street, Suite 400
☐ President Anchorage, AK 99503
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other Senior VP ☐ Other _____

☐ Chairman Name: Charles Fagerstrom
☐ Vice Chairman Address: _____
☒ Director 3301 C Street, Suite 400
☐ President Anchorage, AK 99503
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Gail R. Schubert
☐ Vice Chairman Address: _____
☒ Director 3301 C Street, Suite 400
☐ President Anchorage, AK 99503
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jason Evans
☐ Vice Chairman Address: _____
☒ Director 3301 C Street, Suite 400
☐ President Anchorage, AK 99503
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Stephan Ivanoff
☐ Vice Chairman Address: _____
☒ Director 3301 C Street, Suite 400
☐ President Anchorage, AK 99503
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Frederick Sagoonick
☐ Vice Chairman Address: _____
☒ Director 3301 C Street, Suite 400
☐ President Anchorage, AK 99503
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. _____
Signature of Director or Officer

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

Alaska Entity #49513D

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:

STAMPEDE VENTURES, INC.

This entity was formed on April 27, 1992 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 July 6, 2023.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner