

F24000002679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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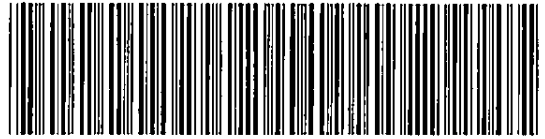
(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
PALM BEACH COUNTY, FLORIDA

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MAY 21 2024

K. Brumbley

MP

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/21/2024  
 Acc#120160000072

*en: c DW*

Name:	Cook Inlet Region, Inc.
Document #:	
Order #:	15577933 - 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:
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Amount: \$ **78.75**

Thank you!

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cook Inlet Region, 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:

Jaren Porter  
Name of Person

Cook Inlet Region, Inc.  
Firm/Company

725 E Fireweed Lane, Suite 800  
Address

Anchorage, AK 99503  
City/State and Zip code

jporter@ciri.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaren Porter at (907) 274-8638  
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. Cook Inlet Region, 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. 92-0042304  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/08/1972 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 05/17/1990  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 725 E. Fireweed Lane, Suite 800, Anchorage, AK 99503  
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

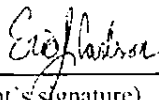
Office Address: 1200 South Pine Island Road

Plantation, FL 33324  
(City) (Zip code)

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**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.*

C T Corporation System  
By: Eric Carlson, Asst. 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]:

A. DIRECTORS

SEE ATTACHED

Chairman Name: Swami Iyer

Vice Chairman Address: 725 E. Fireweed Lane, Suite 800

Director Anchorage, AK 99503

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_

Other CEO \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Sarah Lukin

Vice Chairman Address: 725 E. Fireweed Lane, Suite 800

Director Anchorage, AK 99503

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Daniel Mitchell

Vice Chairman Address: 725 E. Fireweed Lane, Suite 800

Director Anchorage, AK 99503

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_

Other CFO \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Stephanie Aicher

Vice Chairman Address: 725 E. Fireweed Lane, Suite 800

Director Anchorage, AK 99503

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_

Other Chief Legal Officer \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Rhonda Oliver

Vice Chairman Address: 725 E. Fireweed Lane, Suite 800

Director Anchorage, AK 99503

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_

Other Corp. Controller \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Douglas Fifer

Vice Chairman Address: 725 E. Fireweed Lane, Suite 800

Director Anchorage, AK 99503

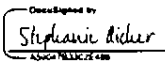
President \_\_\_\_\_

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.  \_\_\_\_\_  
DocuSigned by: Stephanie Aicher 83432222  
 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. Stephanie Aicher, Chief Legal Officer \_\_\_\_\_  
 (Typed or printed name and capacity of person signing application)

Alaska Entity #11044D

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:

**COOK INLET REGION, INC.**

This entity was formed on June 8, 1972 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 May 21, 2024.

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

Julie Sande  
Commissioner