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ACCOUNT NO. : 12000000195 REFERENCE : 336758 7818832 AUTHORIZATION COST LIMIT ORDER DATE: October 14, 2014 ORDER TIME : 2:58 PM ORDER NO. : 336758-005 CUSTOMER NO: 7818832 FOREIGN FILINGS NAME: ALUTIIQ TECHNICAL SERVICES, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

#### **COVER LETTER**

TO: Registration Section **Division of Corporations** 

#### ALUTIIQ TECHNICAL SERVICES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all

correspondence concerning this matter to the following:	
Suzanne Nicholas	
Name of Person	<del></del>
ALUTIIQ, LLC	
Firm/Company	
3909 ARCTIC BLVD., Suite 400	
Address	
Anchorage, AK 99503	
City/State and Zip Code	
snicholas@alutiiq.com	- 第二 <b>5</b>
E-mail address: (to be used for future annual report notification)	/
mation concerning this matter, please call:	
zanne Nicholas 907 222-9500	

For further infor

Suzanne Nicholas	<sub>at (</sub> 907	222-9500
Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee □ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy Certificate of Status Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST 1. ALUTTIQ TECHNICAL SERVICES, LLC	ATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include "Limited Liability Com	pany," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Flori Liability Company," "L.L.C," or "LLC.")	da. The alternate name must include "Limited
<sub>2.</sub> ALASKA <sub>3.</sub> 45-415201	7
	I number, if applicable)
4	
(Date first transacted business in Florida, if prior to registral (See sections 605.0904 & 605.0905, F.S. to determine penalty 3909 ARCTIC BLVD., SUITE 400	ion.) liability)
ANCHORAGE, AK 99503	
(Street Address of Principal Office)	
<sub>6.</sub> same as above	<u> </u>
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have	
Alutiiq, LLC, Member - 3909 Arctic Blvd., Ste 40	00 Anch, AK 99503
Michael Bucher, General Manager- 3909 Arctic Blvd., St	e 400 Anch, AK 99503
Travis Coldwell, General Manager - 3909 Arctic Blvd., S	te 400 Anch, AK 99503
8. Attached is an original certificate of existence, no more than 90 days of having custody of records in the jurisdiction under the law of which it is o acceptable. If the certificate is in a foreign language, a translation of the certificate be submitted)	rganized. (A photocopy is not
Signature of an authorized person in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the may aware that any false information submitted in a document to the Department of State constitutes a third de-	
Michael Bucher, General Manage	r

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Comp	pany is:	
If unavailable	the alternate to be used in the	e state of Florida is:	
2. The name	and the Florida street address	of the registered agent and office are:	14 CCT   SECULATION   SECULATIO
	Corporation Service Compan	ny	
	· · ·	(Name)	
	1201 Hays Street		200 S
	Florida Street Ad	dress (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	32301 FL	_
		City/State/Zip	
liability comporegistered age statutes relativ	my at the place designated in the cape of the place to act in this cape of the proper and complete proper	to accept service of process for the above s this certificate, I hereby accept the appoint acity. I further agree to comply with the pr performance of my duties, and I am familia stered agent as provided for in Chapter 60. Courtney Williams Asst. Vice President	ment as covisions of all or with and
	By: Cult	736L #100 1 100100111	
	(Sign	ature)	

Filing Fee for Application

Certified Copy (optional)
Certificate of Status (optional)

**Designation of Registered Agent** 

\$ 100.00

\$ 25.00 \$ 30.00

\$ 5.00

Alaska Entity #10001992

#### 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:

Alutiig Technical Services, LLC

This entity was formed on December 05, 2011 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 **September 25, 2014**.

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Susan K. Bell Commissioner THED FILED