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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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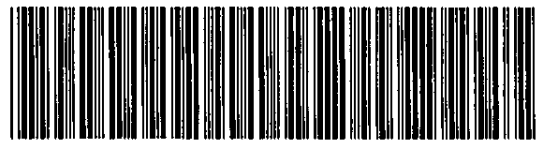
(Business Entity Name)

(Document Number)

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17 FEB 24 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 2 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 28, 2016

CRYSTAL BLAIR  
PO BOX 8558  
KETCHIKAN, AK 99901

SUBJECT: CAPE FOX FACILITIES SERVICES, LLC  
Ref. Number: W16000086344

RECEIVED  
2017 FEB 24 PM 3:09  
TALLAHASSEE, FLORIDA

We have received your document for CAPE FOX FACILITIES SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 716A00027575

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17 FEB 24 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:*

1. Cape Fox Facilities Services, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Alaska

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-8774147

(FEI number, if applicable)

4. Upon Qualification

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7050 Infantry Ridge Road, Manassas, VA 20109

(Street Address of Principal Office)

6. PO Box 8558, Ketchikan, AK 99901

(Mailing Address)

7. 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, Florida 33324

(City)

(Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

Peter Trawinski Asst. Secretary  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Joseph Hunt, 7050 Infantry Ridge Road, Manassas, VA 20109, Manager

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Joseph Hunt, Manager

Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Alaska Entity #107682

**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:

**Cape Fox Facilities Services, LLC**

This entity was formed on April 04, 2007 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 **December 08, 2016**.

A handwritten signature in cursive script, appearing to read "Ch Hladick".

Chris Hladick  
Commissioner

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