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D. SCOTT AUG 8 2017

COVER LETTER

TO:		ration Section n of Corporation	s				
SUBJE		pper River Enterp	orise Services, Limited Lia	bility Company			
30001		<u> </u>	Name of	Limited Liability	Company	<u> </u>	
			eign Limited Liability Con I to register the above refe				
Please	return all	correspondence e	oncerning this matter to the	e following:			
		Sergio Urias					
			1	Name of Person			
		Copper River E	nterprise Service, Limited	Liability Company	y		
			į.	inn/Company			
		4501 Singer Co	urt, Suite 300,				
				Address			
		Chantilly, VA 2	0151				
		sergio.urias@cop	•	State and Zip Code	•		5 3
			E-mail address: (to be use	ed for future annua	il report noti	lication)	
For fur	ther infor	mation concerning	this matter, please call:				
	Sergio	Urias		703 at (234-272	6	i. 6
		Name o	f Contact Person	Area Code	: Dayt:	ime Telephone	Number
	Divisio Registra P.O. Bo	ing ADDRESS: n of Corporations ation Section ox 6327 ssee, F1, 32314			Division o Registratic Clifton Bu 2661 Exec		
Enclos		eck for the followi 5,00 Filing Fee	ing amount: \$\Bigsim \S130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Fili Certified Copy			iling Fee, Certificate Certified Copy

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

IN COMPHANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUNNESS IN THE STATE OF FLORIDA.

If name unavailable, enter alterna	te name adopted for the purpose of transacting business in Flo	orida. The alternate n	same must include "Limited Lia	bility Company," "L. L.C," or "LLC")
State of Alaska	I which foreign limited hability company is organized)	3	/5% I	per, if applicable)
(Jurisdiction phoet the life of	, which foreign limited instituty complete, is organized)		(til infin	eer, ii appucame)
ł	The second secon			
	(Date first transacted business in Florida, if prior to (See sections 605 0804 & (05 0805, F.S. to determ			
	201 Anchorage, AK 99501 of Principal Office)	6. 4501	Singer Ct, Suite 300, (Mailing Add	Chantilly, VA 20151
7. Name and <u>street add</u>	ress of Florida registered agent: (P.O. Box	x <u>NOT</u> accept	able)	
Name:	Incorporating Services, Ltd.		_	
Office Address	y 1540 Gateway Drive		_	
	Tallahassee.		. Florida 32301 (Zip cod	
	(Cuy)		, intortua (Zip aud	
to comply with the prov	cation, I hereby accept the appointment a visions of all statutes relative to the proper ons of my position as registered agent.	r and complete		
designated in this appli to comply with the prov and accept the obligation. 8. The name, title or con-	risions of all statutes relative to the proper only of my position as registered agent. (Registered agent's appacity and address of the person(s) who have	r and complete s signature) as/have author	e performance of my	duties, and I am familiar with
designated in this appli to comply with the prov and accept the obligation	(Registered agent's appacity and address of the person(s) who have a man and Address:	r and complete s signature) as/have author	e performance of my	duties, and I am familiar with Name and Address:
designated in this appli to comply with the prov and accept the obligation. 8. The name, title or con-	(Registered agent's appacity and address of the person(s) who have a Market and Address: William Halladay	r and complete s signature) as/have author	e performance of my	duties, and I am familiar with
designated in this applicate comply with the provand accept the obligation. 8. The name, title or carries or Capacity:	(Registered agent's appacity and address of the person(s) who have a man and Address:	r and complete s signature) as/have author	e performance of my	duties, and I am familiar with Name and Address:
designated in this applicate comply with the provand accept the obligation. 8. The name, title or carries or Capacity:	(Registered agent's apacity and address of the person(s) who have a Market and Address: William Halladay 4501 Singer Court,	r and complete s signature) as/have author	e performance of my	duties, and I am familiar with Name and Address:
designated in this applicate comply with the provand accept the obligation. 8. The name, title or carries or Capacity:	(Registered agent's apacity and address of the person(s) who have a superior of Marie and Address: William Halladay 4501 Singer Court, Suite 320	r and complete s signature) as/have author	e performance of my	duties, and I am familiar with Name and Address:
designated in this applicate comply with the provand accept the obligation. 8. The name, title or carries or Capacity:	(Registered agent's apacity and address of the person(s) who have and Address: William Halladay 4501 Singer Court, Suite 320 Chantilly, VA 20151	r and complete s signature) as/have author	e performance of my	duties, and I am familiar with Name and Address:
designated in this applicate comply with the provand accept the obligation. 8. The name, title or examined the continuous of the resident. President (Use attachments if necessity in the translator must be continuous of the transla	(Registered agent's apacity and address of the person(s) who have and Address: William Halladay 4501 Singer Court, Suite 320 Chantilly, VA 20151 cessary) ate of existence, no more than 90 days old, wof which it is organized. (If the certificate submitted)	as/have author Title or	rated by the official harm language, a translat	Name and Address: (2) eving custody of records in the tion of the certificate under oath
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designated in this appliate comply with the provand accept the obligation. 8. The name, title or ear Title or Capacity: President (Use attachments if necessity in is diction under the late of the translator must be 10. This document is expensely and the complex of the translator must be 10. This document is expensely and the complex of the translator must be 10.	(Registered agent's apacity and address of the person(s) who have and Address: William Halladay 4501 Singer Court, Suite 320 Chantilly, VA 20151 cessary) ate of existence, no more than 90 days old, wot which it is organized. (If the certificate submitted) cecuted in accordance with section (45) 120	duly authentic te is in a foreignited degree felo	cated by the official hazn language, a translationy as provided for in	Name and Address: (2) eving custody of records in the tion of the certificate under oatlere that any false information

Alaska Entity #10018518

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:

COPPER RIVER ENTERPRISE SERVICES, LLC

This entity was formed on January 28, 2014 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 24, 2017**.

Chris Hladick Commissioner

Ch Halix