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(Re	questor's Name)	,
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COVER LETTER

Registration Section

TO:

	Corporation					
SUBJECT: Bowh	ead Commun	ication Services, LLC	rent in the case of the terms.	<u> </u>		
		Name of	Limited Liability	Company		
					ansact Business in Florida," y company to transact busin	
Please return all corr	respondence (concerning this matter to the	following:			
Jo	slynn V. Har	ris				
		7	lame of Person			
Во	owhead Com	munication Services, LLC				
_		F	irm/Company			
49	000 Seminary	Road, Suite 1200				
			Address			
Α	lexandria, V	A 22311				
		City/S	state and Zip Code			
taxo	compliance@	bowheadsupport.com				
		E-mail address: (to be use	d for future annua	l report no	tification)	
For further information	on concerning	g this matter, please call:				
Joslynn V.	Harris		703 at (578-55)		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
	327			Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
Enclosed is a check f □ \$125.00 I		ing amount: \$\Begin{align*} \Begin{align*}	□ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Cer 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 HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

(1	Limited Liability Company; must include "Limite		c. <i>)</i>
name unavailable, enter alternate i	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
Alaska		3. 46-2715732	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI:	number, if applicable)
04/01/2018			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)	
4900 Seminary Road,			vita 1200
(Street Address of	Principal Office)	6. 4900 Seminary Road, S	Address)
Alexandria, VA 22311		Alexandria, VA 22311	
			上海 高 加
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	FILE PR 23
ower and	_ ,	<u></u>	W M
Name:	-Corporation Service Company		卫卫
Office Address:	1201 Hays Street		-
			· · · · · · · · · · · · · · · · · · ·
	T-11 1	22201	,
aving been named as re signated in this applica comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment a ons of all statutes relative to the proper	process for the above stated limi s registered agent and agree to d	act in this capacity. I further ag
aving been named as re signated in this applica comply with the provisi	(City) tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ons of all statutes relative to the proper to of my position as registered agent.	749) Process for the above stated limi So registered agent and agree to d	ted liability company at the plac act in this capacity. I further ag ny duties, and I am familiar with
signated in this applica comply with the provisi	(City) tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ons of all statutes relative to the proper	orocess for the above stated limi is registered agent and agree to a and complete performance of n April Miller, Assistant S	ted liability company at the plac act in this capacity. I further ag ny duties, and I am familiar with
aving been named as resignated in this applica comply with the provising accept the obligations. "The name, title or capa	(City) tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ons of all statutes relative to the proper t of my position as registered agent. (Registered agent's city and address of the person(s) who ha	orocess for the above stated limits registered agent and agree to a and complete performance of n April Miller, Assistant Signature)	ted liability company at the place act in this capacity. I further aginy duties, and I am familiar with secretary
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aving been named as resignated in this applicated in this applicated accept the obligations. The name, title or capatitle or Capacity: Sr. VP of Operations Jise attachments if necess Attached is a certificate	city and address of the person(s) who has Name and Address: Terry W. Moore 4900 Seminary Rd, Ste 1200 Alexandria, VA 22311	orocess for the above stated limits registered agent and agree to and complete performance of m April Miller, Assistant Signature) st/have authority to manage is/are Title or Capacity:	ted liability company at the place act in this capacity. I further agony duties, and I am familiar with secretary Name and Address:

Typed or printed name of signee

Terry W. Moore

Alaska Entity #10004286

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:

Bowhead Communication Services, LLC

This entity was formed on April 05, 2012 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.

Mile Marane



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **March 27, 2018**.

Mike Navarre Commissioner