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#### COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Alaska Sh	ellGM, LLC		
		Limited Liability Company	
The enclosed "Application Existence, and check are so	by Foreign Limited Liability Comubmitted to register the above refer	ipany for Authorization to Tra renced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all correspon	dence concerning this matter to the	e following:	
Paul R	odeghero		
	7	Name of Person	
	ŀ	Firm/Company	
1002 J	effords St.		
		Address	
Cleary	vater, FL 33756		
	City/S	State and Zip Code	
prodeg	ghero@gmail.com		
	E-mail address: (to be use	ed for future annual report not	ification)
For further information con	ncerning this matter, please call:		
Mika Hillery at	Legally Mine	at ( 800) 375	-2453
	Name of Contact Person		time Telephone Number
MAILING ADD Division of Corpo Registration Section	prations	Division	FADDRESS: of Corporations ion Section
P.O. Box 6327 Tallahassee, FL 3		Clifton B 2661 Exc	
Enclosed is a check for the			
<b>■</b> \$125.00 Filing	Fee S130,00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	Torida. The alternate name must include "Limited Liah	oility Company," "L.I. C." or "LT C.")
Alaska		3.	
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (Fill number, if applicable)	
1.			
	(Date first transacted business in Florida, if prior is (See sections 605 0904 & 605 0905, F.S. to determ	to registration.) mine penalty liability)	
5. 505 Old Steese Hy	wy Ste 122	6. 1002 Jeffords St.	
(Street Address of Fairbanks, AK 997	•	(Mailing Addi Clearwater, FL 33756	.es)
Fallbanks, AN 997	01	Clearwater, 1 E 33730	· · · · · · · · · · · · · · · · · · ·
		<del></del>	
7. Name and street addre	sss of Florida registered agent: (P.O. Bo	ox NOT acceptable)	
Name:	Paul Rodeghero		14 P
Office Address:	1002 Jeffords St.		1: 02
(mee maare)	Clearwater	22756	<b>意思 2</b>
			, <del>-</del>
designated in this applic to comply with the provi	(City)	as registered agent and agree to act	liability company at the plac in this capacity. I further ag
Having been named as r designated in this applic to comply with the provic and accept the obligation	ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the prope as of my position as registered agent  (Registered agent	(Zip code f process for the above stated limited as registered agent and agree to act er and complete performance of my statute)	liability company at the plac in this capacity. I further ag
Having been named as r designated in this applic to comply with the provic and accept the obligation	ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the propens of my position as registered agent.	(Zip code f process for the above stated limited as registered agent and agree to act er and complete performance of my statute)	liability company at the plac in this capacity. I further ag
Having been named as r designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap	ptance: egistered agent and to accept service of ation. I hereby accept the appointment sions of all statutes relative to the prope as of my position as registered agent (Registered agent pacity and address of the person(s) who	f process for the above stated limited as registered agent and agree to acter and complete performance of my designance)  has/have authority to manage is/are:	liability company at the plac in this capacity. I further ag duties, and I am familiar with
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Having been named as redesignated in this applicate of comply with the provisional accept the obligation.  8. The name, title or capacity:  Member  Member  (Use attachments if necessary in the control of the translator must be of the translator must be	ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the property of the person(s) who I have and Address:  Paul Rodeghero 1002 Jeffords St. Clearwater, FL 33756  Virginia Rodeghero 1002 Jeffords St. Clearwater, FL 33756  essary) e of existence, no more than 90 days old of which it is organized. (If the certific	f process for the above stated limited as registered agent and agree to acter and complete performance of my designate.  Title or Capacity:  d, duly authenticated by the official harate is in a foreign language, a translat	liability company at the place in this capacity. I further ag duties, and I am familiar with Mame and Address:  Name and Address:

Typed or printed name of signee

Alaska Entity #10080496

## 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:

### Alaska ShellGM, LLC

This entity was formed on March 19, 2018 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 **March 19, 2018**.

Mike Navarre
Commissioner

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