

8/9/2018

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company
Katmai Integrated Solutions, LLC

Certificate of Status	0
Certified Copy	1
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

- Katmai Integrated Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")
- Alaska
(Jurisdiction under the law of which foreign limited liability company is organized)
- 27-4392096
(FEI number, if applicable)
- November 1, 2017
(Date first commenced business in Florida, if prior to registration; see sections 605.0904 & 605.0905, F.S., to determine priority liability)
- 11001 O'Malley Centre Drive, Suite 204
(Street Address of Principal Office)
Anchorage, AK 99515
- 11001 O'Malley Centre Drive, Suite 204
(Mailing Address)
Anchorage, AK 99515

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.

By: C T Corporation System Denise Bell, 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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	R. David Stephens 11001 O'Malley Centre Dr Suite 204 Anchorage, AK 99515	Vice President	Thomas Clements 11001 O'Malley Centre Dr Suite 204 Anchorage, AK 99515
Member	Cynthia Vander Berg 11001 O'Malley Centre Dr Suite 204 Anchorage, AK 99515		

(Use attachments if necessary)

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)

10. 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.

Cynthia Vander Berg
(Signature of an authorized person)

Cynthia Vander Berg, Member Representative

(Typed or printed name of signor)

Alaska Entity #132066

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:

Katmai Integrated Solutions, LLC

This entity was formed on December 14, 2010 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, 2018.

A handwritten signature in cursive script that reads "Mike Navarre".

Mike Navarre
Commissioner