## M190000000983

| (Req                      | uestor's Name)   |           |
|---------------------------|------------------|-----------|
| (Add                      | lress)           |           |
| (Add                      | lress)           |           |
| (City                     | /State/Zip/Phone | #)        |
| PICK-UP                   | ☐ WAIT           | MAIL      |
| (Bus                      | iness Entity Nam | ne)       |
| (Doo                      | cument Number)   |           |
| Certified Copies          | Certificates     | of Status |
| Special Instructions to F | iling Officer:   |           |
|                           |                  |           |
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|                           | Office Use Onl   | y         |



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#### **COVER LETTER**

| TO:  | Registration Section<br>Division of Corporation  | ıs  |                                     |  |  |  |  |
|--|--|---|-------------------------------------|--|--|--|--|
| SUBJE  | ст: <u>CCI Allian</u>  |   |                                     |  |  |  |  |
|  |  | Name of   | Limited Liability C                 | ompany   |  |  |  |
|  |  | eign Limited Liability Comp<br>d to register the above refer                          |                                     |  |  |  |  |
| Please   | return all correspondence c  | oncerning this matter to the  | following:                          |  |  |  |  |
|  | <u>Sherri</u> F  | Roberts   |                                     |  |  |  |  |
|  |  |   |                                     |  |  |  |  |
| Firm/Company   |  |   |                                     |  |  |  |  |
| 111 W 16th Ave, STE 201  |  |   |                                     |  |  |  |  |
|  |  |   | Addiess                             |  |  |  |  |
|  | Anchor   | age, AK 99501   | in the second                       |  | <del></del>  |  |  |
|  |  | City/S  | tate and Zip Code                   |  |  |  |  |
|  | taxak@b  | bssllc.com  |                                     |  |  |  |  |
| E-mail address: (to be used for future annual report notification) |  |   |                                     |  |  |  |  |
| For fur  | ther information concerning  | g this matter, please call:   |                                     |  |  |  |  |
|  | Sherri Roberts   |   | _at (_907                           | 793-9  |  |  |  |
|  | Name o   | f Contact Person  | Area Code                           | Day  | time Telephone Number  |  |  |
|  | MAILING ADDRESS:<br>Division of Corporations<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32314 |   |                                     | Division<br>Registrat<br>Clifton B<br>2661 Exe | CADDRESS: of Corporations ion Section uilding ecutive Center Circle ee, FL 32301 |  |  |
| Enclose  | ed is a check for the follow<br>\$125.00 Filing Fee  | ing amount:  \$\infty\$ \text{\$\infty}\$ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing<br>Certified Copy | g Fee &  | ☐ \$160.00 Filing Fee, Co<br>of Status & Certified Cop                           |  |  |

### LICATION 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: CCI Alliance, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.") Alaska 83-2193098 Jurisdiction under the law of which foreign limited hability company is organized) (FEI number, if applicable) 1/2/2019 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability.) 111 W 16th Ave, STE 201 (Street Address of Principal Office) Anchorage, AK 99501 Anchorage, AK 99501 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **CT Corporation Systems** Name: 1200 South Pine Island Road Office Address: Plantation , Florida 33324 Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated limited liability company at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with id accept the obligations of my position as registered agent. Denise Bell, Assistant Secretary CT Corporation System (Registered agent's signature) 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: President John Duncan Morrison 111 W 16th Ave, STE 400 Anchorage, AK 99501 ttachments if necessary) thed is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the tion under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath anslator must be submitted) document is executed in accordance with section 605:0203 (1) (b), Elorida Statutes. I am aware that any false information I in a document to the Department of State constitutes at fird degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Sherri Roberts

Alaska Entity #10092890

# 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:

#### CCI Alliance, LLC

This entity was formed on October 12, 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 November 27, 2018.

Mike Navarre Commissioner

Mile Marane