M19000001461

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: Name OK. Government Of Recognized US Tribe.					

Office Use Only

W19000007135



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 22, 2019

TRICIA ECHELBERGER 2595 CANYON BLVD, STE. 240 BOULDER, CO 80302

SUBJECT: KIRA GOVERNMENT SERVICES, LLC

Ref. Number: W19000007135

We have received your document for KIRA GOVERNMENT SERVICES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Cathy Cave

Letter Number: 919A00001593

COVER LETTER

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то:		tion Section of Corporations					
SUBJE		A Government Se	rvices, LLC				
			Name of Limi	ted Liability (Company		
			gn Limited Liability Company o register the above reference				
Please r	eturn all c	orrespondence con	cerning this matter to the follo	owing:			
		Tricia Echelberge	т				
	Name of Person						
		Tlingit Haida Tribal Business Corporation/KIRA Government Services, LLC					
	Firm/Company						
2595 Canyon Blvd, Suite 240							
			Ac	ldress			
		Boulder, CO 8030	02				
			City/State	and Zip Code			
	p	echelberger@thtb	c.com				
	_	F	E-mail address: (to be used for	future annual	report notificat	ion)	
For furt	her inform	ation concerning t	his matter, please call:				
	Tricia E	chelberger	at	720 (399-2445)		
		Name of C	Contact Person	Area Code	Daytime '	Telephone Number	
	Division Registrat P.O. Box	of Corporations ion Section 6327 see, FL 32314			STREET ADI Division of Co Registration So Clifton Buildir 2661 Executive Tallahassee, Fl	rporations ection ag e Center Circle	
Enclose	_	k for the following	_	_		_	
	\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S160.00 Filing F of Status & Cert	

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: KIRA Government Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Tribal Law of CCTHITA 81-3278765 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 01.31.2019 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 4208 198th St SW Ste 104 4208 198th St SW Ste 104 5. (Mailing Address) (Street Address of Principal Office) Lynwood, WA 98036 Lynwood, WA 98036 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **Business Filings Incorporated** Name: 1200 South Pine Island Road Office Address:

Registered agent's acceptance:

Plantation

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.

(City)

Music Bu. Ast. Sec. Business Filings Incorporated

33324

(Zip code)

, Florida

Manager	Richard Rinehart
	4208 198th ST SW
	Lynnwood, WA 98036
e attachments if necessary)	
ttached is a certificate of existence diction under the law of which it is e translator must be submitted)	e, no more than 90 days old, duly authenticated by the official having custody of records in the sorganized. (If the certificate is in a foreign language, a translation of the certificate under o
	rdance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information nent of State constitutes a third degree felony as provided for in s.817.155, F.S.
	and Rivehort
Richard Ri	Signature of an authorized person

Typed or printed name of signee



CENTRAL COUNCIL Tlingit and Haida Indian Tribes of Alaska Edward K. Thomas Building 9097 Glacier Highway • Juneau, Alaska 99801

Secretary of State

February 05, 2019

RE: Certificate of Existence of KIRA Government Services, LLC

Dear Honorable Secretary of State.

Please accept this letter as certification of the LLC existence of KIRA Government Services. LLC. KIRA Government Services, LLC existence is complete and has been on file since July 15, 2016 with the Central Council of the Tlingit Haida Indian Tribes of Alaska, which is a federally recognized tribe. KIRA Government Services, LLC is licensed to do business as a Limited Liability Company (LLC) under our tribal code.

If you have any questions, please contact KIRA Government Services, LLC President, Richard Rinehart at rrinehart@thtbc.com or 907.209.9094.

Ralph Wolfe, Tribal Secretary

Central Council of the Tlingit Haida Indian Tribes of Alaska

Toll Free: 800.344.1432 www.ccthita-nsn.gov Direct: 907.586.1432