M19000008852

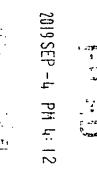
(Re	equestor's Name)	,
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





500333404775

09/04/19--01010---002 **160.00



EKINSEY SEP 13 709

COVER LETTER

TO: R	egistration Section ivision of Corporation	s ·						
	Chugach Consolidat	ed Solutions 11.C		ы• ⁴	₽	5		•
SUBJECT	:						•	
		Name of	Limited Liabili	ity Company				
		ign Limited Liability Com to register the above refer		rization to Transa imited liability co	ct Business mpany to t	in Floric ransact bi	la," Ce Isiness	rtificate of in Florida
- roade retur	n an correspondence co	oncerning this matter to the	following:					
	Lynn Thompson	-Legal Department						
		N	ame of Person				-	
	Chugach Consol	dated Solutions, LLC.						
		F	irm/Company		<u> </u>			
	3800 Centerpoint	Drive, Suite #1200						
			Address				_	
	Anchorage, Alask	a 99503						
		City/St	ate and Zip Cod	le				
	licensing@chugach	gov.com	- -					
	E	-mail address: (to be used	for future annua	al report notificati	on)		_	
For further in	formation concerning tl	nis matter, please call:			,			
Lyni	n Thompson		907	550-4112			2019	
	Name of C	ontact Person	Area Code) Davtime T	elephone i	Jumbar	SEF	1 2
Divis Regis P.O. 1	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314			STREET ADD Division of Con Registration Sec Clifton Building 2661 Executive Tallahassee, FL	RESS: porations ction Center Circ	- -	-4 PM 4:12	1 H
Enclo Please	sed is a check for the formake check payable to	ollowing amount:						
	125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00		\$160.0 of State	0 Filing I us & Cert	Fee, Ce ified Co	rtificate opy

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:

46-2726795 3. (FEI number, if applicable) prior to registration.) determine penalty liability) 3800 Centerpoint Dr. Ste.#1200 (Marting Address) Anchorage, Alaska 99503
3. (FEI number, if applicable) prior to registration.) determine penalty liability) 3800 Centerpoint Dr. Ste.#1200 6. (Mailing Address)
prior to registration.) determine penalty liability) 3800 Centerpoint Dr. Ste.#1200 6. (Mailing Address)
3800 Centerpoint Dr. Ste.#1200 6. (Mailing Address)
3800 Centerpoint Dr. Ste.#1200 6. (Mailing Address)
Box NOT acceptable)
1 - t
P;# 4:
33324 , Florida

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.

Lisa D. DuBois, Assistant Secretary (Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: William A. Martz Manager Manager Manager Address: 3800 Centerpoint Dr. Ste. #1200 ☐ Member ☐ Member Address: Anchorage, AK 99503 ■Authorized ☐ Authorized Person Person Other Other__ Other Other_ Manager Name: _____ Manager Manager Member Address: ☐ Member Address: ____ Authorized ☐ Authorized Person Person Other Other____ Other_ Other_ Manager Manager | ☐ Member Address: __ ____ Member Address: Authorized ☐ Authorized Person Person Other Other____ Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 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. William A. Martz-General Manager

Typed or printed name of signer

