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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

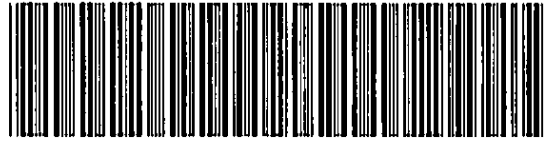
(Business Entity Name)

(Document Number)

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OFFICE OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 24 A 7:58

FILED

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:

1. ASRC Industrial 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.")

2. Alaska 81-3928836
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2300 Clayton Road Suite 1050 Concord, CA 94520
(Street Address of Principal Office)
6. SAA
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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FEB 24 A 1:48
TALLAHASSEE, FLORIDA

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.

Carroll, Andrew S.
(Registered agent's signature)

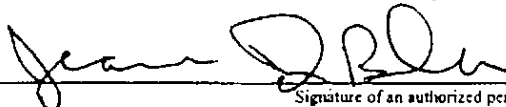
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Arctic Slope Regional Corporation</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Charlie Kozak</u>
<input checked="" type="checkbox"/> Member	Address: <u>3900 C Street, Suite 801</u>	<input type="checkbox"/> Member	Address: <u>3900 C Street, Suite 801</u>
<input checked="" type="checkbox"/> Authorized	<u>Anchorage, AK 99503</u>	<input checked="" type="checkbox"/> Authorized	<u>Anchorage, AK 99503</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Matthew Waldron</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Brent Renfrew</u>
<input type="checkbox"/> Member	Address: <u>3900 C Street, Suite 801</u>	<input type="checkbox"/> Member	Address: <u>2300 Clayton Road, Ste. 1050</u>
<input checked="" type="checkbox"/> Authorized	<u>Anchorage, AK 99503</u>	<input checked="" type="checkbox"/> Authorized	<u>Concord, CA 94520</u>
Person	<u>Manager</u>	Person	<u>President/CEO</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Robert Pelham</u>	<input type="checkbox"/> Manager	Name: <u>Paul Tritman</u>
<input type="checkbox"/> Member	Address: <u>8490 E. Crescent Pkwy, Ste. 220</u>	<input type="checkbox"/> Member	Address: <u>3900 C Street, Suite 801</u>
<input checked="" type="checkbox"/> Authorized	<u>Denver, CO 80111</u>	<input checked="" type="checkbox"/> Authorized	<u>Anchorage, AK 99503</u>
Person	<u>Sr. VP</u>	Person	<u>Sr. VP</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 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.



 Signature of an authorized person

Jeanne DiBella

Typed or printed name of signer

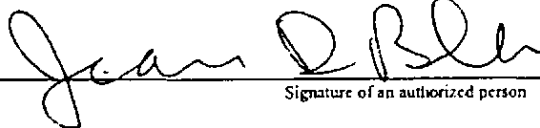
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Patrick Young</u>	<input type="checkbox"/> Manager	Name: <u>Chun Jang</u>
<input type="checkbox"/> Member	Address: <u>3900 C Street, Suite 801</u>	<input type="checkbox"/> Member	Address: <u>2300 Clayton Road, Suite 1050</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Anchorage, AK 99503</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Concord, CA 94520</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jeanne DiBella</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2300 Clayton Road, Suite 1050</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Concord, CA 94520</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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Signature of an authorized person

Jeanne DiBella

Typed or printed name of signee

Alaska Entity #10073342

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:

Shared Systems and Support Services, LLC

This entity was formed on December 8, 2017 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 January 23, 2020.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner