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	Registration Section Division of Corporations				
SUBJEC"	Koniag Government Services, LLC Γ:				
		e of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.			
Please reti	um all correspondence concerning this matter to	o the following:			
	Darsha Squartsoff				
		Name of Person			
	Koniag,Inc.				
	***************************************	Firm/Company			
	3800 Centerpoint Dr., Ste. 502				
		Address			
	Anchorage, AK 99502				
City/State and Zip Code					
	dsquartsoff@koniag.com				
	E-mail address: (to be	used for future annual report notification)			
For further	r information concerning this matter, please cal	l:			
Ē	Darsha Squartsoff	at () Area Code Daytime Telephone Number			
_	Name of Contact Person	Area Code Daytime Telephone Number			
R D P	Agiling Address: Degistration Section Division of Corporations C.O. Box 6327 Callahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
P	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEP \$ \$125.00 Filing Fee \$ \$130.00 Filing Fee Certificate o	& 🗇 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605 (902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Koniag Government						
(Name of Foreign	Limited Liability Company, must include "Limited	Liability Co	mpany," "LLC.," or "LLC.")			
(If name unavailable, enter alterreite :	name adopted for the purpose of transacting pusiness in Fig.	rida The alter	nate name must include "Limited Liab	oility Company,"	"L.L.C." o	r"LLC.")
Alaska		9) 3.	2-0049948			
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	_	(FEI murioes	r, if applicable)		
6/29/2020 4.						
·-	(Date first transacted business in Florids, if prior to re (See sections 605,0404 & 605,0905, F.S. to determin	gistration) e penalty liabi	luy)			
Koniag Government Services, LLC		sа 6.	me as principal			
(Street Address of Principal Office)		·	(Mailing Address)	*		_
3800 Centerpoint Drive, Sutie 502				egger Terres Terres	طقة -بزا	1
Anchorage, AK 99503				ijk Fij	9) - 21	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acco	pıable)	: :	> .r	* *
Name:	Corporation Service Company			en en	ط) لند	
Office Address:	1201 Hays Street	_ _				
	Tallahassee		32301 . Florida			
	(Cay)		(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.

Corporation Service Company

By; // With Company

(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: Title or Capacity: Name and Address: Name and Address: Shauna Hegna, Secretary Ronald Unger, Chair □ Manager □Manager 3800 Centerpoint Drive, Ste. 502 3800 Centerpoint Drive, Ste. 502 Address: Anchorage, AK 99503 Address: _Anchorage, AK 99503 ■ Member Member | □ Authorized □ Authorized Person Person []Other____ □Other □ Other □Other : Sharon Beeson, Treasurer Name: 3800 Centerpoint Drive, Ste. 502 □ Member Address: Anchorage, AK 99503 □Member Address: □ Authorized ☐ Authorized Person Person □Other____ Other Other____ Other___ Thomas Panamaroff, Director □Manager □Manager Name: 3800 Centerpoint Drive, Stc. 502 Address: Anchorage, AK 99503 **≅**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 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. Thomas Panamaroff, Director, Koniag Government Services, LLC

Typed or printed name of signee

Alaska Entity #14426D

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:

KONIAG GOVERNMENT SERVICES, LLC

This entity was formed on May 19, 1975 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.

Lulie Centerum



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective June 25, 2020.

Julie Anderson Commissioner