

MA10000006214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

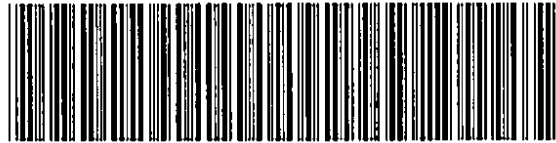
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/18/20 PM 2:42

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CCI Facility Support Services, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sherri Roberts

\_\_\_\_\_  
Name of Person

CCI Facility Support Services, LLC

\_\_\_\_\_  
Firm/Company

111 W 16th Ave, STE 201

\_\_\_\_\_  
Address

Anchorage, AK 99501

\_\_\_\_\_  
City/State and Zip Code

cci.tax@bbsllc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherri Roberts

907

793-9219

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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. CCI Facility Support 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 3. 81-5202270  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/05/2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 111 W 16th Ave. STE 400  
(Street Address of Principal Office)

6. 111 W 16th Ave. STE 201  
(Mailing Address)

Anchorage, AK 99501

Anchorage, AK 99501

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

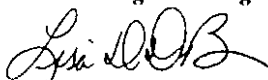
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation . Florida 33324  
(City) (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.*



Lisa D. Dubois, Asst. 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:**

☐ Manager Name: Bristol Bay Native Corporation

☒ Member Address: 111 W 16th Ave, STE 400

☐ Authorized Anchorage, AK 99501

Person

☐ Other ☐ Other

☐ Manager Name: Sherri Roberts

☐ Member Address: 111 W 16th Ave, STE 201

☒ Authorized Anchorage, AK 99501

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: John Duncan Morrison

☐ Member Address: 51 3rd Street, Building 2

☐ Authorized Shalimar, FL 32579

Person

☒ Other President ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

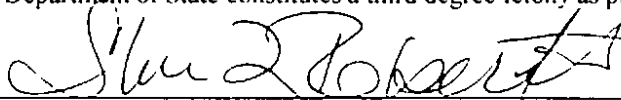
Person

☐ Other ☐ 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

Sherri Roberts, Tax Supervisor Authorized Person

Typed or printed name of signee

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 Facility Support Services, LLC**

This entity was formed on February 1, 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 **December 10, 2020**.

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

Julie Anderson  
Commissioner



## Shipment Confirmation Acceptance Notice

### A. Mailer Action

**Note To Mailer:** The labels and volume associated to this form online, must match the labeled packages being presented to the USPS® employee with this form.

Shipment Date: 12/10/20

Shipped From:

SHERRI ROBERTS  
BRISTOL BAY SHARED SERVICES  
111 W 16TH AVE STE 201  
ANCHORAGE AK 99501-6206

Type of Mail	Volume
Priority Mail®	1
Priority Mail Express™*	0
International Mail*	0
First-Class Package Service - Retail™	0
Other	0
Total Volume	1

\*Start time for products with service guarantees will begin when mail arrives at the local Post Office™ and items receive individual processing and acceptance scans.

### B. USPS Action

- USPS EMPLOYEE: Please scan upon pickup or receipt of mail. Leave form with customer or in customer's mail receptacle. Employee verifies the package volume count on the Package Pickup Carrier Manifest.
  - If the volume on the manifest matches the volume being collected from the customer, the employee should make the 1:YES selection by pressing the number 1 on the keypad of the handheld scanner, or on the keyboard of the POS ONE terminal.
  - If the volume on the manifest does not match the volume being collected from the customer, the employee should make the 2:NO selection. The mail should still be collected and dispatched as normal.

**USPS SCAN**



9475 7036 9930 0380 8839 81