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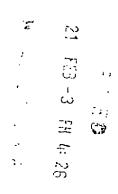
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	_

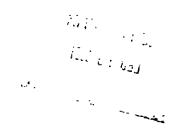
Office Use Only



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COVER LETTER

	ration Section on of Corporations					
*	entley first, LLC					
SUBJECT: _		Name of Lim	ited Liability (Company		
	Application by Foreign Li check are submitted to reg	imited Liability Company	for Authoriza	ation to Transac		
Please return al	l correspondence concern	ing this matter to the follo	owing:			
	Gary Gendron					
		Name	of Person			
		Firm/0	Сотрапу			
	818 105th Ave. N.					
	-,-	Ad	idress			
	Naples, FL 34108					
		City/State	and Zip Code			
	fsudc@yahoo.com					
	E-ma	il address: (to be used for	future annual	report notifica	tion)	
For further info	rmation concerning this n	natter, please call:				
Tuisd	ie Fidler	at	800	375-2453		
	Name of Conta		Area Code	Daytime	Telephone Number	
Division Registr P.O. B	ing ADDRESS: on of Corporations ration Section fox 6327 assee, FL 32314			STREET AD Division of Co Registration S Clifton Buildi 2661 Executive Tallahassee, F	orporations ection ng re Center Circle	
Please	sed is a check for the follo make check payable to: I	FLORIDA DEPARTME	NT OF STA	TE	_	
= \$1	25.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	\$160.00 Filing Fe of Status & Certif	

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:

Alaska		orida. The alte	rnate name must include "Limited Liability	Сотрапу,"	"L.I.C." or	"LI.C."
		2	10148361			
(Jurisdiction under the law of whice	ch foreign limited liability company is organized)	3	(FEI number, i	f applicable)		
11/24/2020						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) nine penalty li	ability)			
505 Old Steese Hwy Ste		6	200 W. 34th Ave. #977			
(Street Address of Pri	ncipal Office)	0	(Mailing Address)			
Fairbanks, AK 99701		1	Anchorage, AK 99503			
Name and street address	of Florida registered agent: (P.O. Box	x <u>NOT</u> ac	cceptable)	;-	763	
	of Florida registered agent: (P.O. Box	x <u>NOT</u> ac	eceptable)	a⁻	70 	
Name:		x <u>NOT</u> ac	eceptable)	2 ⁻		
Name:	Gary Gendron	x <u>NOT</u> ac		-	- FB	ر ا

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: Karen Yale Name: Gary Gendron Manager Manager Manager Address: 818 105th Ave. N. Address: 818 105th Ave. N. Member Member Naples, FL 34108 Naples, FL 34108 Authorized Authorized Person Person Other Other____ Other Other Manager Name: _____ Manager Name: _____ Member ☐ Member Address: Address: _____ ■Authorized Authorized Person Person Other____ Other ___ Other___ Other____ Manager Name: Name: Member Address: Member 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. Signature of an authorized person Gary Gendron

Typed or printed name of signee

Alaska Entity #10148361

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:

Bentley First, LLC

This entity was formed on November 24, 2020 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.

Sulse Cinterior



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective January 29, 2021.

Julie Anderson Commissioner