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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations			
Coho Consulting Group, FTC SUBJECT:			
	of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability C. Lxistence, and check are submitted to register the above re-	ompany for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.		
Please return all correspondence concerning this matter to	the following		
Sarah MacMaster			
	Name of Person		
Copper River Shared Services, LLC			
	Firm Company		
4501 Singer Ct. Suite 300			
	Address		
Chantilly, VA 20151			
(1:	ry State and Zip Code		
Sarah MacMaster a/CopperRiverSS com	used for future county former position turns		
E-mail address (to be	used for future annual report notification)		
For turtner information concerning this matter, please call			
Sarah MacMaster	703 835 3160		
Name of Contact Person	Area Code Daytime Lelephone Number		
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations		
P.O. Box 6327	The Centre of Lallahassee		
Fallahassee, F1 32314	2415 N. Monroe Street, Suite 810 Fallahassee, FL 32303		
Enclosed is a check for the following amount. Please make check payable to: FLORIDA DEPA \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	& T \$155.00 Filing Fee & S160.00 Facing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION (18 (1912, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HARBITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

Coho Consulting Grou			
(Name of Foreig	o Limited Liability Company must inchase Time	ed Cability Company " "TI C " se "TI C ")	
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Alaska			
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1577 C St. Suite 300		1577 C St. Suite 300	
Some Address of Principal Office	·	() Visiting Address:	
Amala attivismi		Vienna Sauresti	
Anchorage, AK 99501		Anchorage, Ak 99501	
			
		- · · · · · - · · · · · ·	
Name and street addre	gs of Florida registered agent. (P.O. Box	NOT acceptable)	~.2
		The contraction of the contracti	:
	Fodd Vikan		7;
Name:			
	96039 Ocean Breeze Dr		١,
Office Address.	TROOT COCAN ISTEEZE 13		
	Lernandina		_
	- Creanging	३२०३४ , Florida	::
		Locar	

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.

Joseph Mind agrid a upon an

So for in that of texting purposes $-s^2$ runnes, t be σ -capacity and addresses of the primary members managers or persons and increased to manager up t -six tto total t

<u>Jitle or Capacity:</u>	Name and Address:	Title or Capacity;	Name and Address:
→ Managar	Name Hopkins	Manager	Name ANGS
Member	Address PO Box (ASS)	■ Mairber	PO Box 1 Wa Address
Authorized	Cordova, A <u>E</u> 99574	Authorized	Cordova AK 99571
Person		Person	
Other	Uthe:	Other	Citather
Manager	Name:	, Manager	Name
Member	Address . <u> </u>	Member	Address
Vainorized		Authorized	
Person	·	Person	
it miler	Other	Other	Other
			:
Manager	Name	Manager	Name
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 smaged for reporting purposes only. Non-new sed individuals may be added to the index when filling your Hor da Department of State. Annual Report form

- 4. A facted is a certificate of existence, no more than 9, days old, do y authenticated by the official having custody of records in the partishetion index me, award which it is organized. (If the certificate is mill foreign anguage, a translation of the certificate under our of the franklation must be suprimited.)
- 3. This document is executed in accordance with weep-notes (203) for Lorida Statutes. Lam aware that any task of committed in a document to the Department's Ustate constitutes a Boal degree tenors of provided from a kind of State constitutes a Boal degree tenors of provided from a kind of State constitutes a Boal degree tenors of provided from a kind of State constitutes a Boal degree tenors of provided from a kind of State constitutes a Boal degree tenors.



Stran MacMaster, Commain Synse-

Alaska Entity #10142234

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:

Coho Consulting Group, LLC

This entity was formed on September 9, 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.

Julie Cinterior



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective January 22, 2021.

Julie Anderson Commissioner



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2020

SARAH MACMASTER 4501 SINGER CT STE 300 CHANTILLY, VA 20151 US

SUBJECT: COHO CONSULTING GROUP, LLC

Ref. Number: W20000128957

We have received your document for COHO CONSULTING GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 120A00022452

RECEIVED

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