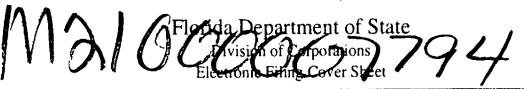
→ 18506176383 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email	Address:			

Foreign Limited Liability Company Tanaq Support Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help



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 HABILITY COMPANY TO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

Tanaq Support Services							
(Name of Foreign	Limited Liability Company, must include "Limite	d Liability	Company.	"L.L.C.," or "LLC.")			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	londa. The	alternate nam	e must include "Limited Li	ability Company	y.""LLC	." or "LL.C.")
Alaska		,					
(Jurisdiction under the law of which foreign limited liability company is organized)			3. (FEI number, (fapplicable)				
4.							
	(Date first transacted business in Florida, if prior to (See sections 603,0904 & 605,0905, F.S. to determ	registration and penalty	s.) lübility)				
3201 C Street, Suite 602				treet, Suite 602			
5. (Street Address of Principal Office)		6.	(Mail	ng Address)			
Anchorage, AK 99503		Anchorage, AK 99503					
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT:	acceptable	:)	SECR	2021 JUH 2	
Name:	Corporate Creations Network Inc.				EASK EASK	∬સ 21	
Office Address:	801 US Hwy 1				OF SI	PH 12: 00	
	North Palm Beach		,	33408 Florida	FL	: 00	
	(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.

_		Sean Amo,	Special 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:	Title or Capacity:	Name and Address:	
□Manager	Name: Nathan McCowan	□Manager	Name:	
≘ Member	Address: 3201 C Street, Suite 602	□Member	Address:	
□Authorized	Anchorage, AK 99503	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	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 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
Sean Arno, Attorney-in-Fact	
<u> </u>	Exped or printed name of signec

Alaska Entity #10074646

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:

Tanag Support Services, LLC

This entity was formed on December 28, 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.

Julie Cinter



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective June 1, 2021.

Julie Anderson Commissioner