M2100001599

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400377111204

2021 NOV 30 PH 3: 04

2021 NOV 30 PM 4: 26

S. FRANKLIN DEC - 1 2021



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: November 30, 2021	ACCOUR#. 12000000008
Name: David Shulman	
Reference #:	
Entity Name: CHENEGA DEFENSE & AEROSI	PACE SOLUTIONS, LLC
Articles of Incorporation/Authorization to Transac	t Business
☐ Amendment	
☐ Change of Agent	ISSUES? CALL
Reinstatement	
Conversion	David: 850-270-0082 NOV 30 PH 3: 04
☐ Merger	30 (2) P
☐ Dissolution/Withdrawal	Maria de Caracteria de Caracte
Fictitious Name	
Other Please provide a certified copy of the	e filing evidence. Thank you!
Authorized Amount: \$155.00	
David Shalman Signature:	

+1.212.947.7200

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	(Name of Foreign Live	Chenega Defense & Aer ited Liability Company; must include "Lin	ospace Solu	utions, LL	C Security			
	(ivanie of 1 oreign Ent	med Elabrity Company, mass necesser 555	med Eldonny Comp	, LL C.,	or allo, ,			
(If nar	me 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			83-3673118 (FEI number, if applicable)			
<u> -</u>	(Jurisdiction under the law of which	foreign limited liability company is organized)	J		(FEI number, if	applicable)		
4								
		(Date first transacted business in Florida, if prio (See sections 605,0904 & 605,0905, F.S. to dete	r to registration) ermine penalty liability)	ł.				
5	3000 C Street, Suite 301		6.	3000 C Street, Suite 301				
٥	(Street Address of Principal Office)		o		(Mailing Address)			
	Anchorage, AK 99503			Anchorage, AK 99503				
_				-		11.	2021 NOV 30	
-							<u>မ</u>)) (18) (4)
7. 1	Name and <u>street address</u> o	f Florida registered agent: (P.O. B	ox <u>NOT</u> accept	able)		(3) (3) (3)	PH 3: 04	- 5 4 3 - 5 - 5
						TIE TIE	ေမ့	-
	Name: _	COGENCY GLOBA	_ INC.	_		(****	: <i>5</i>	
	Office Address: _	115 North Calhoun St. Suite 4						
		Tallahassee	. Florida	32301				
	_	(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.

Orphia Dakan, Assistant Secretary
(Registered agent's signature)

8. For initial index manage [up to six (6		list names, title or capacity and	addresses of the primary m	embers/man	agers or persons authorized to
Title or Capacity:		Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: The	e Chenega Corporation	Manager	Name:	Peter C. Nosek
Member	Address:	3000 C Street	Member	Address: _	3000 C Street
Authorized		Suite 301	⊠] Authorized		Suite 301
Person	Anc	horage, AK 99503	Person	Anc	horage, AK 99503
⊠Other managinç	g member	Other	Other		Other
☐Manager	Name:		Manager	Name:	
Member	Address:		Member	Address: _	
Authorized	<u> </u>		Authorized		
Person			Person		2021
Other		Other	Other		NOV 30
∐Manager ☐Member			☐ Manager ☐ Member	Name:	9 m
Authorized			Authorized		(*i
Person			Person		<u> </u>
Other]Other	Other		[]Other
9. Attached is a cert jurisdiction under the of the translator mu 10. This document	may be added tificate of exi- ne law of whit st be submitt is executed in	n accordance with section 605.02 Department of State constitutes a t	Florida Department of State I, duly authenticated by the ate is in a foreign language O3 (1) (b), Florida Statutes.	Annual Reportion official having a translation I am aware	ort form. ng custody of records in the n of the certificate under oath that any false information
		-	·		
		Peter	C. Nosek		

Typed or printed name of signee