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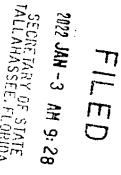
(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:





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COVER LETTER

TO:		ration Section on of Corporations	
C11D 1		ristol Engineering Services Company, LI	LC
SUBJ	EC1:	Nam	e of Limited Liability Company
			Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please	return all	correspondence concerning this matter t	to the following:
		Sherri Roberts	
			Name of Person
		Bristol Engineering Services Company	y, LLC
		- / 1 2 4 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Firm/Company
		111 W 16th Ave, STE 300	
			Address
		Anchorage, AK	
		C	City/State and Zip Code
		bac.tax@bbssllc.com	
	•	E-mail address: (to be	e used for future annual report notification)
For fur	rther infor	mation concerning this matter, please ca	II:
	Sherri	Roberts	907 793-9219 at ()
		Name of Contact Person	Area Code Daytime Telephone Number
	Regist Divisi P.O. B	z Address: ration Section on of Corporations Box 6327 assee, 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

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

IN COMPLIANCE WITH SECTION 6(5,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Bristol Engineering Se					
(Name of Foreign	Limited Liability Company;	must include "Limited Liabili	y Company," "L.L.C.," or "LLC.")		
name unavailable, enter alternate	name adopted for the purpose of t	transacting business in Florida. Th	alternate name must include "Limited Lia	bility Company," "L.L.C.	or "LLC."
Alaska		2	92-0148722		
(Jurisdiction under the law of w	hich foreign limited liability com	pany is organized)	(FEI numbe	r, if applicable)	
12/01/2021					
	(Date first transacted busine (See sections 605,0904 & 6	ess in Florida, if prior to registratic io5 0905, F.S. to determine penalty	n.) / liability)		
111 W 16th Ave Ste 3	= =	6.	III W 16th Ave STE 300		
reet Address of Principal Office)			(Mailing Address)		
Anchorage, AK 99501			Anchorage, AK 99501		
				2022 SEC TALI	
				PZ (
Name and street address Name:	C T Corporation System	em	acceptable)	AN -3 AM 9:28 EDARY OF STATE HASSEE, FLORID!	ILED
Office Address:	1200 South Pine Islan	d Road	·	28 TE IDA	
	Plantation		33324 Florida		
		(City)	, Florida(Zip code)		
signated in this applica	gistered agent and to action, I hereby accept the ons of all statutes relati	e appointment as regist ive to the proper and co	for the above stated limited li ered agent and agree to act in mplete performance of my du	this capacity. I fi	urther a
	151	Lisa Dubois, Assista	nt 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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address
□Manager	Name: Bristol Industries LLC	■Manager	Name: Travis Woods
■Member	Address: 111 W 16th Ave STE 300	□Member	Address: 111 W 16th Ave STE 300
□Authorized	Anchorage, AK 99501	☐ Authorized	Anchorage, AK 99501
Person		Person	
□Other	Other	□Other	Other
∃Manager	Name: Sherri Roberts	□Manager	Name:
]Member	Address:	□Member	Address:
Authorized	Anchorage, AK 99501	□Authorized	
Person		Person	
Other	Other	□Other	Other
]Manager	Name:	□Manager	Name:
Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
mportant Notice: Us ndexed individuals b. Attached is a certi	se an attachment to report more than six (6), may be added to the index when filing your ficate of existence, no more than 90 days old law of which it is organized. (If the certific	The attachment will be ima Florida Department of State d, duly authenticated by the	ged for reporting purposes only. Nor Annual Report form. official having custody of records in

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

Typed or printed name of signee