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SECRETARY OF STATE

#### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations			
SUBJ	Bristol Infrastructure Design Services, L	LC		
5000	No.	ame of Limited Liability Company		
The en Exister	nclosed "Application by Foreign Limited Liabili nce, and check are submitted to register the abo	ty Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida.		
Please	return all correspondence concerning this matter	er to the following:		
	Sherri Roberts			
		Name of Person		
	Bristol Infrastructure Design Service	Bristol Infrastructure Design Services, LLC		
		Firm/Company		
	111 W 16th Ave, STE 300	111 W 16th Ave, STE 300		
		Address		
	Anchorage, AK	Anchorage, AK		
		City/State and Zip Code		
	bac.tax@bbssllc.com			
	E-mail address: (to	be used for future annual report notification)		
For fu	rther information concerning this matter, please	call:		
Sherri Roberts		907 793-9219 at ( )		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D  \$125.00 Filing Fee \$130.00 Filing Certificat	EPARTMENT OF STATE		

## 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: Bristol Infrastructure Design Service, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name 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,") Alaska (Jurisdiction under the law of which foreign limited liability company is organized) 12/01/2021 (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 111 W 16th Ave STE 300 111 W 16th Ave Ste 300 6. (Mailing Address) (Street Address of Principal Office) Anchorage, AK 99501 Anchorage, AK 99501 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation . Florida (City) 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

Lisa Dubois, Assistant Secretary

(Registered agent's signature)

and accept the obligations of my position as registered agent.

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: John Blees Name: Name: Bristol Industries LLC ■ Manager □ Manager Address: \_\_ Address: \_\_\_ 111 W 16th Ave STE 300 □Member ■ Member Anchorage, AK 99501 Anchorage, AK 99501 □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other Name: Sherri Roberts Name: Travis Woods ■ Manager □Manager Address: ... 111 W 16th Ave STE 300 Address: \_\_\_\_ □Member □Member Anchorage, AK 99501 Anchorage, AK 99501 □ Authorized Authorized Person Person □Other\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager Address: \_\_\_\_\_ □Member ☐ 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. 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

Typed or printed name of signee

Sherri Roberts



Alaska Entity #10062409

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:

### **Bristol Infrastructure Design Services, LLC**

This entity was formed on June 27, 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.

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

Julie Anderson Commissioner