# M22000015842

(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



300395148043

11:2 J. 13:53

1022 OCT 13 AM11: 1

RECEIVED

S. FRANKLIN

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 025024 8130718

AUTHORIZATION : The Res.

COST LIMIT : \$ 125.00

ORDER DATE : October 13, 2022

ORDER TIME : 10:04 AM

ORDER NO. : 025024-015

CUSTOMER NO: 8130718

## FOREIGN FILINGS

NAME: AHTNA USA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

# **COVER LETTER**

Ahtna USA, LLC UBJECT:		
<del></del>	Name of Limited Liability Company	
	mited Liability Company for Authorization to Transact Business in Florida, gister the above referenced foreign limited liability company to transact business.	
ease return all correspondence concerni	ing this matter to the following:	
Sue Tyree, Paralega	ıl	
<del></del>	Name of Person	
Ahtna, Incorporated		
-	Firm/Company	
110 W 38th Ave.		20
	Address	20226.713
Anchorage AK 9950		 
Andibiage AN 9930.		دن 
	City/State and Zip Code	  
styree@ahtna.net		
E-mai	address: (to be used for future annual report notification)	
or further information concerning this m	natter, please call:	
Sue Tyree	907 433-0757	
Name of Conta	at () ct Person Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
rananassee, 115 52514	Tallahassee, FL 32303	
Enclosed is a check for the follo-		

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Ahtna USA, LLC		11:47	W 1 2 W 11 AW				
(Name of Poteign	Limited Liability Company; must include "Limited	ı Liabilit	y Company, LLC, or "LLC, )				
f name unavailable, enter alternate t	name adopted for the purpose of transacting business in Fl	orida The	alternate name must include "Limited Lia	ability Company," "L.L.C," or "LI.C.			
Alaska		3	88-2444394 3.				
(Jurisdiction under the law of w	(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, 1f applicable)			
Following registration							
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registratio ne penalty	n ) hability)				
3100 Beacon Blvd., Suite A		6	3100 Beacon Blvd., Suite A				
Street Address of Principal Office)			(Mailing Address)	72			
West Sacramento, CA 95691			West Sacramento, CA 956	7027 C. ) [			
				- - -			
				न्त <u>े</u>			
. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT:	acceptable)				
Name:	Corporation Service Company						
Office Address:	1201 Hays Street						
	Tallahassee		32301 , Florida				
	(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.

Corporation Service Company

By: Clexus Weited assistent va president
(Registered agent's signalure)

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]:

□ Manager       Name:       Ahtna Netiye*, LLC       □ Manager       Name:       Craig O'Rourke         ■ Member       Address:       110 W 38th Ave, Suite 100B       □ Member       Address:       3100 Beacon Blvd., Suite         □ Authorized       Anchorage AK 99503       □ Authorized       West Sacramento, CA 95691         □ Person       □ Person       □ Other       □ Other         □ Manager       Name:       □ Other         □ Member       Address:       □ Member         □ Authorized       □ Authorized         □ Person       □ Other       □ Other         □ Other       □ Other       □ Other         □ Manager       Name:       □ Other         □ Manager       Name:       □ Other         □ Manager       Name:       □ Other         □ Member       Address:       □ Other         □ Member       Address:       □ Other	Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Anchorage AK 99503  Person  Other  Other  Manager  Name:  Member  Address:  Authorized  Person  Member  Address:  Other  Other  Other  Member  Address:	□Manager	Name: Ahtna Netiye', LLC	□Manager	Name: Craiq	g O'Rourke
Anchorage AK 99503  Person  Other  Other  Manager  Name:  Member  Address:  Authorized  Person  Member  Address:  Other  Other  Other  Member  Address:	■Member		□Member	Address:	00 Beacon Blvd., Suite A
□Other □Other □Other     □Manager Name: □Manager   □Member Address: □Member   □Authorized □Authorized   Person Person □Other   □Other □Other □Other   □Manager Name: □Manager   □Member Address: □Member     □Member Address: □Member	□Authorized	Anchorage AK 99503	□Authorized		
□Manager Name: □Manager Name: □Member   □Member Address: □Member Address:   □Authorized □Authorized   Person Person □Other □Other   □Other □Other □Other □Other   □Manager Name: □Manager Name: □Member   □Member Address: □Member Address: □Member	Person		Person		
□ Member         Address:         □ Member         Address:         □ Authorized           Person         Person         □ Other         □ Other	□Other	Other	President President	<u>.</u>	□Other
□ Authorized □ Authorized   Person □ Other   □ Other □ Other   □ Manager Name:   □ Member Address:      Authorized	□Manager	Name:	□Manager	Name:	
Person         S           □Other         □Other           □Manager         Name:           □Member         Address:           □Member         Address:	□Member	Address:	□Member	Address:	
□Other	□Authorized		□Authorized		
□Other	Person		Person		7(1)
□Manager         Name:         □Manager         Name:         □           □Member         Address:         □         □	□Other	Other	Other	<u></u> .	
□Member Address: □ □Member Address: □					13
□Member Address: □ □Member Address: □ □	□Manager	Name:	□Manager	Name:	<u> </u>
□Authorized □Authorized	□Member	Address:	□Member	Address:	ئن ئ
	□Authorized		□Authorized		<b></b>
Person Person	Person		Person		
OtherOtherOtherOther_	□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, 1 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.

Jom Maloney
Signature of an authorized person

Tom Maloney, CEO of Sole Member Ahtna Netiye', LLC