10/25/23, 10.11 AM Division of Corporations ng Co

ote: 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

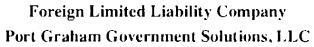
From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

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COVER LETTER

(((H23000372345 3)))

TO: Registration Section **Division of Corporations**

SUBJECT: Port Graham Government Solutions, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Frease return an correspondence concerning	this made to the following:
LOVETTE DOE	BSON
	Name of Person
***************************************	Firm/Company
17350 STATE	HWY 249 STE 220
	Address
HOUSTON, TX	77064
	City/State and Zip Code
EFILE1234@ING	CFILE.COM ddress: (to be used for future annual report notification)
For further information concerning this mat	ter, please call:
LOVETTE DOBSON	at (<u>1</u>) <u>888-462-3453</u>
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
• •	ng amount: ORIDA DEPARTMENT OF STATE .00 Filing Fee & S155,00 Filing Fee & S160,00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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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: Port Graham Government Solutions, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") 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 Ourisdiction under the law of which foreign finited hability company is organized) (Date first transacted business in Florida, if prior to registration). (See sections 602-0904-2c 605-0905, F.S. to determine penalty hability). 6. 1150 Nw 72nd Ave Tower 1 5. 1150 Nw 72nd Ave Tower 1 (Street Address of Principal Office) Ste 455 #13543 Ste 455 #13543 Miami, FL 33126 Miami, FL 33126 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REPUBLIC REGISTERED AGENT LLC Name: 1150 Nw 72nd Ave Tower I Ste 455 . Florida 33126 Miami 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. Wesley Dolan
(Registerey gent's signature)

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8. For initial indexing purposes, I	ist names, title or capacity and a	ddresses of the primary men	mbers/managers or persons	authorized to
manage [up to six (6) total]:		•		

Title or Capacity:	Name and Address:	Title or Capaci	<u>tv:</u>	Name and Address:
□Manager	THE PORT GRAHAM Name: CORPORATION	LiManager	Name:	
⊠ Member	Address: 800 E Dimond Blvd	□Member	Address:	
□Authorized	Suite 3-550	□Authorized		
Person	Anchorage, AK 99515	Person		
□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		P#
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.

Jon Shepherd	
Signature of no authorized person	
	(((H23000372345 3)))
	(((11200000120400)))
Jon Shepherd	
Expert or printed name of stones	

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Alaska Entity #10023864

State of Alaska

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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:

Port Graham Government Solutions, LLC

This entity was formed on September 19, 2014 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



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective October 25, 2023.

Julie Sande Commissioner