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(Requestor's Name)

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(City/State/Zip/Phone #)

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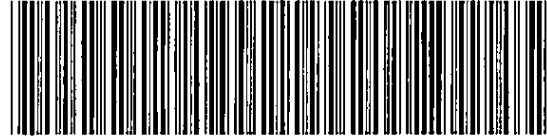
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

S. P. 113

2023 12 13

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Doyon Technology Group, 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:

Allen Todd

Name of Person

Doyon Technology Group, LLC

Firm/Company

1 Doyon Place, Suite 300

Address

Fairbanks, AK 99701

City/State and Zip Code

legal@doyon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen Todd

907

459-2177

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. Doyon Technology Group, L.L.C.
(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.")

2. Alaska
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1 Doyon Place, Suite 300
(Street Address of Principal Office)

6. 11500 Sukdu Way, Suite 150A
(Mailing Address)

Fairbanks, AK 99701

Anchorage, AK 99515

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

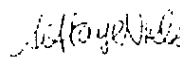
Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln, Ste. A

Tallahassee, Florida 32308
(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.


(Registered agent's signature) Samantha Niels, Assistant Secretary

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TALLAHASSEE, FL

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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Doyon Government Contracting, I

☒ Member Address: 1 Doyon Place, Suite 300

☐ Authorized Fairbanks, AK 99701

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Julie Morman

☐ Member Address: 11500 Sukdu Way, Suite 250

☒ Authorized Anchorage, AK 99515

Person _____

☒ Other Chair _____ ☐ Other _____

☐ Manager Name: Tobias Stoeber

☐ Member Address: 1 Doyon Place, Suite 300

☒ Authorized Fairbanks, AK 99701

Person _____

☒ Other Treasurer _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Thomas Mercer

☐ Member Address: 11500 Sukdu Way, Suite 150A

☒ Authorized Anchorage, AK 99515

Person _____

☒ Other President _____ ☐ Other _____

☐ Manager Name: Allen Todd

☐ Member Address: 1 Doyon Place, Suite 300

☒ Authorized Fairbanks, AK 99701

Person _____

☒ Other Secretary _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

Designed by:

26AC688C1F9F496

Signature of an authorized person

Allen Todd

Typed or printed name of signer

Alaska Entity #10228038

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.

Doyon Technology Group, LLC

This entity was formed on April 3, 2023 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 **November 30, 2023**.

A handwritten signature in black ink, appearing to read "Julie Sande".

Julie Sande
Commissioner