

M240000001496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

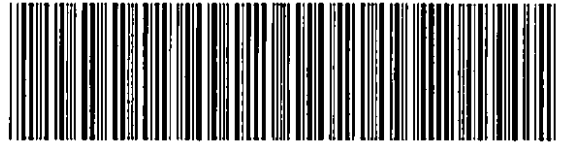
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000168240

Office Use Only



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11/28/23--01003--014 **125.00

406 FEB -7 PM 4:53

RECEIVED
11/28/23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2023

DENISE BARWICK
3450 344TH WAY SUITE 100
FEDERAL WAY, WA 98001 US

SUBJECT: DOYON TECHNICAL SERVICES LLC
Ref. Number: W23000168240

We have received your document for DOYON TECHNICAL SERVICES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 623A00028915

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FEB 07 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Doyon Technical Services 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:

Denise Barwick

Name of Person

Doyon Government Group

Firm/Company

3450 S 344th Way Suite 100

Address

Federal Way, WA 98001

City/State and Zip Code

denise.barwick@gmail.com

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

For further information concerning this matter, please call:

Denise Barwick

253

344-5300

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 Technical Services 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.")

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

3. 20-0155597
(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. 3450 S 344th Way, Suite 100
(Street Address of Principal Office)

6. Same as Street / principal office
(Mailing Address)

Federal Way, WA 98001

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)

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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.



Samantha Niels, Assistant 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 manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Zacheus Ritchey, President</u>	<input type="checkbox"/> Manager	Name: <u>Allen Todd, Secretary</u>
<input type="checkbox"/> Member	Address: <u>3450 S 344th Way</u>	<input type="checkbox"/> Member	Address: <u>1 DOYON PLACE, STE 300</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 100</u>	<input checked="" type="checkbox"/> Authorized	<u>FAIRBANKS, AK 99701</u>
Person	<u>Federal Way, WA 98001</u>	Person	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Patrick Duke, Treasurer</u>	<input type="checkbox"/> Manager	Name: <u>Denise Barwick, Asst Treasurer</u>
<input type="checkbox"/> Member	Address: <u>11500 Sukdu Way, Ste 150</u>	<input type="checkbox"/> Member	Address: <u>3450 S 344TH WAY SUITE 10</u>
<input checked="" type="checkbox"/> Authorized	<u>ANCHORGAE, AK 99515</u>	<input checked="" type="checkbox"/> Authorized	<u>FEDERAL WAY, WA 98001</u>
Person		Person	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



Signature of an authorized person

Denise Barwick

Alaska Entity #81574D

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 Technical Services, LLC

This entity was formed on July 25, 2003 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 16, 2023**.

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

Julie Sande
Commissioner