

M 24000011446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

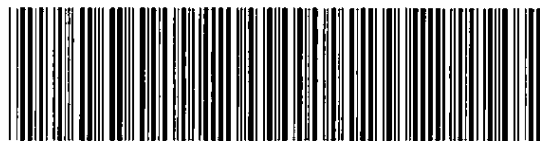
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000064512

Office Use Only



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04/09/24--01029--004 \*\*125.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2024

SCOTT WICK  
5837 E UPDRAFT RD  
PALMER, AK 99645 US

SUBJECT: SD FEDERAL LLC  
Ref. Number: W24000064512

We have received your document for SD FEDERAL LLC and your check(s) totaling \$125.00. 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: 524A00008907

**RECEIVED**

**MAY 21 2024**

1. The first group of people who are not in the labor force are those who are not in the labor force because they are not in the labor force.

SD Federal LLC

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.

Scott Wick

SD Federal LLC

5837 E Updraft Rd

Palmer, AK 99645

swick@sd-grp.net

For further information concerning this matter, please call:

907

\_\_\_\_\_ at (\_\_\_\_\_)

Area Code

**Mailing Address:**

**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. SD Federal 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 991368139  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. SD Federal LLC 6. SD Federal LLC  
(Street Address of Principal Office) (Mailing Address)  
5837 E Updraft Rd 5837 E Updraft Rd  
Palmer, AK 99645 Palmer, AK 99645

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

Name: Michael Chan  
Office Address: 2130 Mayport Road, unit 1202  
Atlantic Beach, Florida 32233  
(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)

2024 MAY 21 PM 4: 27

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: Michael Chan

☒ Member                      Address: 2130 Mayport Road, unit 1202

☒ Authorized                      Atlantic Beach, FL 32233

Person

☐ Other                      ☐ Other

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

☐ Manager                      Name: Scott Wick

☒ Member                      Address: 4053 S Glenn Hwy

☒ Authorized                      Palmer, AK 99645

Person

☐ Other                      ☐ Other

☐ Manager                      Name: Jeremy Pennington

☒ Member                      Address: 7092 Riparin Loop

☒ Authorized                      Palmer, AK 99645

Person

☐ Other                      ☐ Other

☐ Manager                      Name:

☐ Member                      Address:

☐ Authorized

Person

☐ Other                      ☐ Other

☐ Manager                      Name:

☐ Member                      Address:

☐ Authorized

Person

☐ Other                      ☐ Other

☐ Manager                      Name:

☐ Member                      Address:

☐ Authorized

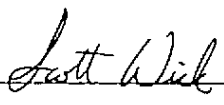
Person

☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

Alaska Entity #10259945

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:

**SD Federal LLC**

This entity was formed on February 14, 2024 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 April 30, 2024.

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

Julie Sande  
Commissioner