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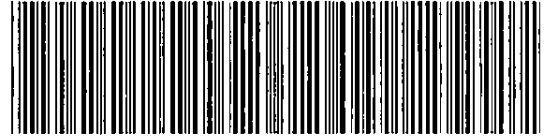
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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**COVER LETTER**

**TO:     Registration Section**  
**Division of Corporations**

**SUBJECT:**     Doyon Management 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 Management Services LLC

\_\_\_\_\_  
Firm/Company

3450 S 344th Way, Suite 100

\_\_\_\_\_  
Address

Federal Way, WA 98001

\_\_\_\_\_  
City/State and Zip Code

denise.barwick@doyongovgrp.com

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

For further information concerning this matter, please call:

Denise Barwick

253

370-1246

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 Management 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 3. 20-0155601  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/1/2023  
(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 6. 3450 S 344th Way  
(Street Address of Principal Office) (Mailing Address)  
Suite 100 Suite 100  
Federal Way, WA 98001 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)

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 type="checkbox"/> Manager	Name: <u>Anthony Wood</u>	<input type="checkbox"/> Manager	Name: <u>Allen Todd</u>
<input type="checkbox"/> Member	Address: <u>4601 Presidents Dr. Ste 230</u>	<input type="checkbox"/> Member	Address: <u>1 Doyon Place, Ste 300</u>
<input type="checkbox"/> Authorized	<u>Lanham, MD 20706</u>	<input type="checkbox"/> Authorized	<u>Fairbanks, AK 99701</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Patrick Duke</u>	<input type="checkbox"/> Manager	Name: <u>Denise Barwick</u>
<input type="checkbox"/> Member	Address: <u>11500 Sukdu Way, Ste 150</u>	<input type="checkbox"/> Member	Address: <u>3450 S 344th Way, Ste 100</u>
<input type="checkbox"/> Authorized	<u>Anchorage, AK 99515</u>	<input type="checkbox"/> Authorized	<u>Federal Way, WA 98001</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Ass Treasurer</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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

Typed or printed name of signer

Alaska Entity #81573D

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 Management 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 **May 23, 2023**.

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

Julie Sande  
Commissioner