

State of Alaska
Division of Corporations, Business and Professional Licensing
CORPORATIONS SECTION

PO Box 110806

Juneau, AK 99811-0806 Phone: (907) 465-2550 Fax: (907) 465-2974

Website: www.commerce.alaska.gov/occ

CERTIFICATE OF REGISTRATION

Foreign Limited Liability Company AS 10.50.615

Filing Fee: \$350.00

INSTRUCTIONS (Please retain for your records):

Refer to Alaska Statutes 10.50.615. If you need assistance in completing your filing, it is advised that you seek legal counsel. Please be aware that this filing will become public information.

ITEM 1: Legal Name of the Limited Liability Company

The name of the limited liability company must contain the words "limited liability company" or the abbreviation "L.L.C.," or "LLC". The word "limited" may be abbreviated as "Ltd.," and the word "company" may be abbreviated as "Co." The name of a city, borough, or village may be used in a limited liability company name; however, the name may not contain the word "city," "borough," or "village" or otherwise imply that the company is a municipality. A company name must be distinguishable upon the record. To search the availability of the legal name of the company in the State of Alaska go to the Corporations Section at www.commerce.alaska.gov/occ and select Search Corporations Database.

The entity must be in good standing in their state of domicile, before we can issue a certificate of authority, please check the box.

ITEM 2: Assumed Name

The name the company elects to use if the legal name is already in use by another entity in Alaska.

ITEM 3: State of Domicile, Date of Incorporation, Duration

Indicate the state of domicile, or "home state", and the date of organization in the state of domicile (mm/dd/yyyy) format. Duration is the life expectancy of the limited liability company and may be a specific future date of less than 100 years. If there is no expected end date, select the "perpetual" box, indicating the limited liability company's plans to transact business uninterrupted for an undeterminable amount of time.

ITEM 4: Disclosure of Corporate Purposes

The purpose describes activities of the company at the time of the initial filing and may include "any lawful." In addition to purpose, also include the NAICS code where indicated. NAICS code may not conflict with the purpose listed. A complete list of NAICS codes is available online under the Corporations Section at www.commerce.alaska.gov/occ.

ITEM 5: Registered Agent

The registered agent of this foreign LLC must be an individual who is a resident of Alaska, or a corporation (excluding LLC, LP and LLP) registered and in good standing with this office. The registered agent is statutorily responsible for receiving and forwarding processes, notices, or demands on to the last known address of the entity. A LLC may not act as a registered agent. A physical address and a mailing address in the State of Alaska must be given.

08-497 (Rev. 07/15//2013)

ITEM 6: Principal Office Address

Address of the company wherever located.

ITEM 7-8: Management

List the members and/or managers of the LLC. If the LLC is managed by members, there will be no managers and at least one member. If the LLC is managed by managers, there must be at least one member and one manager; additionally the managers have sole decision making power within the LLC.

Signatures

The printed name and signature of a person who is authorized by law of the state or other jurisdiction where the company was organized to sign the application.

NOTE: Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Mail the Application for Certificate of Registration and the \$350.00 filing fee in U.S. dollars to: State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

STANDARD PROCESSING TIME for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received. To file your application online for immediate processing, visit our website at: www.commerce.alaska.gov/occ.

ADDITIONAL RESOURCES:

Professional License:

For information regarding what professions require a Professional License, statutes, how to obtain a Professional License, and/or the expiration date if you already have a Professional License, go to the Professional License Section of our website at www.commerce.alaska.gov/occ.

Business License:

For the privilege of engaging in a business in the State of Alaska, a Business License is required for a new entity. For information regarding business licenses, statutes, and how to obtain a Business License, go to the Business License Section of our website at www.commerce.alaska.gov/occ.

Alaska Corporate Net Income Tax

Every corporation earning gross income from sources within the state, except for those corporations that are specifically exempted, must file a corporation net income tax return. Contact the Alaska Department of Revenue, Tax Division, PO Box 110420, Juneau, Alaska, 99811-0420, telephone number (907) 465-2320 for more information.



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CORP

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Website: www.commerce.alaska.gov/occ									
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350.00 Fi	ling Fee								
	provisions set forth in Alask egistration and, for that purp		•	•	npany	арр	lies	for a	
ITEM 1: Legal abbreviation "L.	name of the limited liability of L.C.," or "LLC".	company mus	t contain the words	s "limited lia	bility	comp	oan <u>y</u>	/" or t	he
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	rpose of the company (may y describes the initial activiti			digit NAICS	Indus	stry C	∋roι	ıping	Code
Purpose:				NAICS code:					
ITEM 5: Regist	ered agent name and addre	ess (must incl	ude a physical and	mailing ad	<u>dress</u>	in Al	ask	a):	
Physical address: City:		City:		AK Zip Code:					
Mailing addres	lailing address: City:			AK Zip Code:					
ITEM 6: Princip Name:	al office address of the com	pany whereve	er located:						
Physical addre	ess:								
Mailing addres									

ITEM 7: Manage	ment.					
	d liability company is manag	•				
☐ The limite	d liability company is manag	led by a manager.				
	ed liability company must ha			addition, list	the name, address	
Name	ch person/entity owning at le Mailing address	City	State	ZIP code	% held	
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Attach an addition	nal sheet if necessary.					
If the company is Name	managed by a manager, list		ss and % held State	l (if applicable ZIP code) of each manager % held	
name	Mailing address	City	State	ZIP code	% neid	
Attach an addition	nal sheet if necessary.	L				
Signatures: The	printed name and signature	of a person who i	s authorized b	ov law of the s	tate or other	
	the company was organize			,		
Signature of Auth	 Printed nar	ne of Authoriz	ed Person	Date		
NOTE: Persons who sign documents filed with the commissioner that are known to the person to be false in						
	are guilty of a class A misde		er that are kn	own to the per	son to be false in	
	on for Certificate of Registra Corporations Section, PO Bo				to:	
approximately 10	OCESSING TIME for complete -15 business days. All application of the complete in the complete recession of the complete re	cations are review	ed in the date	order they are	e received. To file	



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Offi	ice Use (Only	C	ORP)

CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE**: this form will not be filed for record or appear online.

Name of entity as it appears on filing:		
To receive guestions with this filing, our	ntoot:	
To resolve questions with this filing, cor	ilact.	
Name:		
Email:	Phone:	
Mailing address:		
Return documents to:		
Name:		
Company:		
Mailing address:		

Attach this form to your filings. Send all documents to: State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

STANDARD PROCESSING TIME for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.

FOR DIVISION USE ONLY

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

Credit Card Pa	yment Form			
All major credit cards Include this credit car		security purposes, <u>do not email</u> cre h your application.	dit card inform	ation.
Name of Applicant or	Licensee:			
Program Type:		License Number (if appl	icable):	
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License or Rer	newal Fee:			
Other (name ca	hange, wall certifica	nte, fine, duplicate license, exam, e	etc.):	
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2				
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Phone Number:		Email <i>(optional)</i> :		
Signature of Credit (Card Holder:			
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