### **Secretary of State**

## LLC-5

Application to Register a Foreign Limited **Liability Company (LLC)** 

1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/.

For Office Use Only

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Secretary

File No.: 202464411087 Date Filed: 10/24/2024

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1b. California Alternate Name, If Required (Only enter an alternate	te name if the LLC name in	a not available in C	alifornia.)		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good Standing	.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Alas	ka				
b. Authority Statement (Do not alter Authority Statement)	* ***				
This LLC currently has powers and privileges to conduct busine	ess in the state, foreigr	country or place	e entere	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ms 3a and 3b cannot be a P	.O. Box or "in care o	of" an indi	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
3000 C Street, Suite 301	Anchorage		AK	99503	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box City (no abbreviation			State	Zip Cod	e
			ÇA		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	3a 3b			•	
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.	)				
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full	name and California street a	ddress.			r
a. California Agent's First Name (if agent is <b>not</b> a corporation)	nt's First Name (if agent is <b>not</b> a corporation) Middle Name Last N		ast Name		Suffix
	<b>6</b> 9 (	<u> </u>		1	-
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
			CA		
CORPORATION – Complete Item 4c only. Only include the name of the r					
<ul> <li>c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not</li> <li>Cogency G</li> </ul>	•				
	ilopai ilic.				
5. Read and Sign Below (Title not required.)	h :		41		
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	nerein is true and corr	ect and that I an	ı autnor	ized to	sign
Letter (1) rep	Peter C. Nosek				
Signature	Type and Print N	ame			
LLC-5 (REV 11/2023)				ornia Secre bizfileOnlin	•

CHENEGA PRO FEDERAL SOLUTIONS, LLC

Alaska Entity #10173181

# 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:

#### Chenega Pro Federal Solutions, LLC

This entity was formed on September 8, 2021 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 October 17, 2024.

Julie Sande Commissioner