

M19000004971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

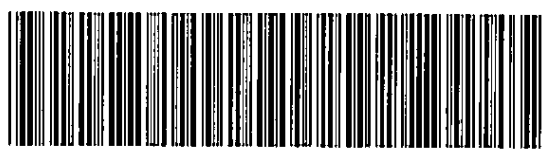
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 20 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2019

ALEC AUGUST
6615 W BOYNTON BEACH BLVD., #352
BOYNTON BEACH, FL 33437

SUBJECT: ALM TECH, LLC
Ref. Number: W19000046836

We have received your document for ALM TECH, LLC and your check(s) totaling \$130.00. 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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 319A00009943



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2019

ALEC AUGUST
6615 W BOYNTON BEACH BLVD., #352
BOYNTON BEACH, FL 33437

SUBJECT: ALM TECH, LLC
Ref. Number: W19000046836

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Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00009611

COVER LETTER

**TO: Registration Section
Division of Corporations**

ALM Tech, LLC

SUBJECT: _____
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:

Alec A. August

Name of Person
ALM Tech, LLC

Firm/Company
6615 W. Boynton Beach Blvd., #352

Address
Boynton Beach, FL 33437

City/State and Zip Code
alec@alm-tech.com

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

For further information concerning this matter, please call:

Wayne August	561	740-9375
_____	at (_____)	_____
Name of Contact Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

ALM Tech, LLC

1. _____
(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.")

Wyoming

2. _____ (Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FEI number, if applicable)

May 1, 2019

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

6615 W. Boynton Beach Blvd., #352

6615 W. Boynton Beach Blvd., #352

5. _____ (Street Address of Principal Office) 6. _____ (Mailing Address)

Boynton Beach, FL 33437

Boynton Beach, FL 33437

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

Alec August

Name: _____

7416 Brunswick Circle

Office Address: _____

Boynton Beach

33472

_____, Florida _____

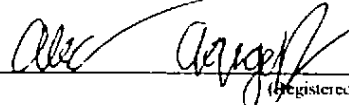
(City)

(Zip code)

9999 MAY 20 09 40 AM
REGISTRATION DIVISION

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)

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: Alec A. August
6615 W. Boynton Beach Blvd., #352

Member Address: _____
Boynton Beach, FL 33437

Authorized _____

Person _____

Other _____ Other _____

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

Manager Name: Wayne A. August
6615 W. Boynton Beach Blvd., #352

Member Address: _____
Boynton Beach, FL 33437

Authorized _____

Person _____

Other _____ Other _____

Manager Name: Mauricette G. August
6615 W. Boynton Beach Blvd., #352

Member Address: _____
Boynton Beach, FL 33437

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

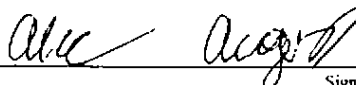
Person _____

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

Alec A. August

 Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING,
do hereby certify that according to the records of this office,

ALM Tech, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 2, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000849220**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of May, 2019 at 2:13 PM. This certificate is assigned 031135922.



Edward A. Buchanan

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.