11/2/00000/903

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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K. SALY rEb 18 ω/Δ

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

ENTITY NAME <u>AL</u>	PINE GLOBAL MANA	AGEMENT, LLC	
OOCUMENT NUM	IBER		
	PLEASE FILE	E THE ATTACHED AND RETURN	
xxxx	Plain Copy		
	Certified Copy		19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Certificate of State	us	
	Certificate of State Certificate of State	as Reflecting:	
	APOSTILLE	"/NOTARIAL CERTIFICATION	
COUNTRY OF DEST	TINATION		<u></u>
NUMBER OF CERT.	IFICATES REQUESTED		
TOTAL OWED \$ 1	25.00	ACCOUNT # 120140000108 United Corporate Services, Inc. or any issues or concerns, Thank y	3 Vi Ho IA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Delawar e	name adopted for the purpose of transacting business in Fl	londa. The alternate name must include "Limited Liability of 46-1675291.	Company," "L.L.C," or "LLC
the distant	which foreign limited liability company is organized)	3. (FE! number, if ap	
	which foreign immice hability company is organized)	(FEI number, it ap	oplicable)
January 18, 2021			
	(Date first transacted business in Florida if prior to	registration)	5 P. B. SES
140 Broadway, 38th F	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	ine penaity liability) 140 Broadway, 38th Floor	
		·	•
et Address of Principal Office)		6. (Mailing Address)	
New York, NY 10005		New York, NY 10005	
			t.
			7:-
			
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accomtable)	77
want and meet addre	≤ 0.1 tottal registered agent. (1.tv. no.c	<u>HQT</u> acceptable)	
Name:	United Corporate Services, Ir	nc	Q
Name:	United Corporate Services, In	nc	ORUS
			ORIO
Name: Office Address:	United Corporate Services, In 9200 South Dadeland Blvd., S		ORIO
			ORIO



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:	Title or Capacity:	Name and Address:
<u> </u>	Charles Kim	Ca taman	Amy Tarlowe
■Manager	Name:6100 Red Hook Quarter #2	□Manager	Name:
☐ Member	Address:	□Member	Address:
	Suite A3-1	L 141CHIOCI	Apt. 1003
□Authorized		■ Authorized	11.51. 1005
	St. Thomas, Virgin Islands 00802		Miami Beach, FL 33140
Person		Person	
Other	Other	□Other	□ Other
	Uriel Cohen		2
Manager	Name:	□Manager	Name:
	6100 Red Hook Quarter #2		
□Member	Address:	□Member	Address:
E]Authorized _	Suite A2-3	□Authorized	- Total
	St. Thomas, Virgin Islands 00802	□ Autionzed	
Person		Person	
704	—		
□Other	Other	□Other	Other
∃Manager	Name:	□Manager	Name:
⊒Member	Address:	□Member	Address
2171111001	710010000	_ ividinoci	Address:
Authorized		□ Authorized	
Person		Person	
]Other	□ Other	☐ Other	Other

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.

Amy Tarlowe Typed or printed name of signee I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALPINE GLOBAL MANAGEMENT, LLC" IS DULY

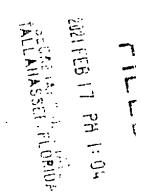
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPINE GLOBAL MANAGEMENT, LLC" WAS FORMED ON THE SECOND DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





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SR# 20210441942

Authentication: 202504040

Date: 02-12-21