Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : OLIVE JUDD, P.A. Account Number : I20200000171 Phone : (954)334-2250 Fax Number : (888)503-5258

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•	ani	nual	report	t mailin	gs.	Enter	only	one	email	add	ress	ple	ase.	**

Email Address:

Foreign Limited Liability Company UPTOWN ALLEY II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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COVER LETTER

TO:	Registration Section Division of Corporations								
SURTE	CT:								
501.012		Name of Limited Liability Company							
The end Existen	closed "Application by Foreign Limitece, and check are submitted to registe	ed Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florid							
Plense	return all correspondence concerning	this matter to the following:							
	STEPHEN V. HOFFMAN	I, ESQ.							
	<u> </u>	Name of Person							
	OLIVE JUDD, P.A.								
		Firm/Company							
	2426 EAST LAS OLAS B	OULEVARD							
		Address							
	FORT LAUDERDALE, F	LORIDA 33301							
		City/State and Zip Code							
	SHOFFMAN@OLIVEJUD								
	E-mail ac	ddress: (to be used for future annual report notification)							
For fin	ther information concerning this matt	er, please call:							
	Stephen Hoffman	954 334-2250 at (
	Name of Contact I	Person Area Code Daytime Telephone Number							
	Mailing Address: Registration Section	Street Address: Registration Section							
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee							
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
		ng amount: DRIDA DEPARTMENT OF STATE .00 Piling Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy							

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

Uptown Alley II, LLC	Limited Liability Company; must include "United	Labelly Company P. C. L. C. P. o. S. L. C. P.	
(Hante or Foreign	Enimed Liebthry Company, sam mende Englec	Enouncy Company, C.C.C., Or LCC.)	
If nome unavallable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liability Company,	," "L.U.C," or "LLC.")
Virginia		20 N2/UA	برس
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. 32 - 036474.	<u>, o</u>
April 15, 2023			
4	(Date first transacted business in Florids, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	egistration.) repenalty liability)	
4900 West Hundred Re	oad	4900 West Hundred Road	
5. Street Address of Principal Office)		6(Malling Address)	
Chester, VA 23831		Chester, VA 23831	
7. Name and street addres	s of Florida registered agent; (P.O. Box	NOT acceptable)	
7. Name and <u>street addres</u> Name:	s of Florida registered agent: (P.O. Box Stephen Hoffman	NOT acceptable)	Sec.
		NOT acceptable)	F 2023 APR 1
Name:	Stephen Hoffman	33301	2023 APR 13 AI
Name:	Stephen Hoffman 2426 Bast Las Olas Boulevard		PILED SECRITARISTIES AND

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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 Canacity:	Name and Address:	Title or Capacity	Name and Address:
■Manager	Name: Steven M. Uphoff	■Manager	Name:
□Member	Address: 4900 West Hundred Road	□Member	Address: 4900 West Hundred Road
□Authorized	Chester, VA 23831	□Authorized	Chester, VA 23831
Person		Person	***************************************
Other	Other	□Other	Other
□Manager	Name;	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		[]Authorized	
Person		Person	
Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□ Authorized	
Person		Person	
[]Other	Other	□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 outh 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.

(

Steven M. Uphoff, Manager

Typed or printed name of signee

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(((H230001386823)))

Commonwather Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That UPTOWN ALLEY II, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on September 8, 2011; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

MATION COLUMN

Signed and Sealed at Richmond on this Date:

April 7, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2023040718599398