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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2016

JOSEPH M HAYES, ESQ  
1801 MARKET STREET, ESQ  
PHILADELPHIA, PA 19103 US

SUBJECT: ALSSC, LP  
Ref. Number: W16000076220

We have received your document for ALSSC, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 416A00024165

November 7, 2016

**VIA FEDERAL EXPRESS**

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

**RE: ALSSC, LP**

Dear Sir or Madam:

I am enclosing the follow, in reference to the above named entity:

1. Cover Letter;
2. Certificate of Limited Partnership for Florida Limited Partnership;
3. Check Number 96290, for payment of the \$1,000 registration fee; and
4. FedEx envelope for return of the filed document.

If you have any questions, please do not hesitate to contact me.

Cordially,



Lauren Quitmeyer

/lq  
Enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALSSC, LP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Joseph M. Hayes, Esquire

Contact Person

Offit Kurman, P.A.

Firm/Company

1801 Market Street, Suite 2300

Address

Philadelphia, PA 19103

City, State and Zip Code

lquitmeyer@offitkurman.com

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

For further information concerning this matter, please call:

Joseph Hayes, Esquire

Name of Contact Person

at ( 267 ) 338-1378

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)    ☐ \$1,008.75 Filing Fees and Certificate of Status    ☐ \$1,052.50 Filing Fees and Certified Copy    ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. ALSSC, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.*

2. 1201 Hays Street, Tallahassee, FL 32301

(Street address of initial designated office)

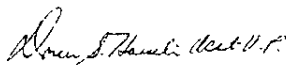
3. Corporation Service Company

(Name of Registered Agent for Service of Process)

4. 1201 Hays Street, Tallahassee, FL 32301

(Florida street address for Registered Agent)

5. *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.*



Signature of Registered Agent  
Doreen S. Haeselin, Asst. VP

6. 1201 Hays Street, Tallahassee, FL 32301

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

8. Name and business address of each general partner:

Name:

Business Address:

ALSS GP, LLC

1801 Market Street, Suite 2300

Philadelphia, PA 19103

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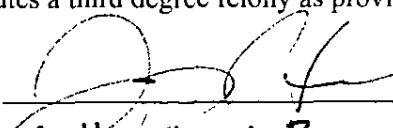
9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 7<sup>th</sup> day of November, 2016.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Authorized Representative,  
ALSS GP, LLC

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**\$52.50**

**\$8.75**