## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H11000295191 3)))



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To:

Division of Colposition (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

### FOREIGN PROFIT/NONPROFIT CORPORATION Alchiba, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

12/16/2011

#### COVER LETTER

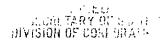
TO: New Filing Section Division of Corporations	
SUBJECT: Alchiba, Inc.	
Name of corporation - must include suffix	_
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Dean Seavers	
Name of Person	
Alchiba, Inc.	<del></del>
Firm/Company	
505 S. Flagler Drive, Suite 900	_
Address	
West Palm Beach, Florida 33401	_
City/State and Zip code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Dean Seavers at ( 305 ) 525-1500	3)N 20)
Name of Person Area Code & Daytime Telephone Number	HOEC 16
	<b>C S S S S S S S S S S</b>
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	FORWARY ST
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\times \text{S78.75 Filing Fee & Certified Copy} \text{\$\text{S87.50 Filing Fee, Certified Copy}} \text{\$\text{Certified Copy}} \$\t	

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

•	able in Plorida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida)		
2. Delaware	under the law of which it is incorporated)	(PEI number, if applicable)	-	
	•	Perpetual		
4. September :	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	-	
6. Upon qualifi	cation		_	
	(Date first transacted business	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
7. 505 S. Flag	ler Drive, Suite 900, West Pa		_	
<i>,</i>	(Principal office ad	idress)		
same	(Current mailing ad	dress)	-	
Apy or al 8. Florida G	l lawful business permitted a	•	2011 DEC	
	of corporation authorized in home state or		E	螽
9. Name and street	at address of Florida registered agent: (P.	.O. Box NOT acceptable)	. 16	)
Name:	CT Corporation System	<del></del>		9
Office Address:	1200 South Pine Island Road	u	့ <b>့</b>	. (j.
	Plantation	, Florida 33324	<u>ଅ</u>	
	(City)	(Zip code)		
Having been nam designated in this further agree to c	application, I hereby accept the appoin	vice of process for the above stated corporation at the timent as registered agent and agree to act in this capa relative to the proper and complete performance of massition as registered agent.  Jennifer Quinn Assistant Secretary	icity. I	•

11. Attached is a certificate of existence duly authenticated not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.



12. Names and business addresses of officers and/or directors:	2011 DEC 16	AH 9:51
A. DIRECTORS		
Chairman:		
Address:	<del> </del>	<del></del>
		·
Vice Chairman:		
Address:		
	<del></del>	Mary - 17 - 47 - 48 - 49 - 49 - 49 - 49 - 49 - 49 - 49
Director: James H. Clark		name or described.
Address: 505 S. Flager Drive, Suite 900, West Palm Beach	<u>, FL 33401</u>	
Directors		
Address:	•	
		<del></del>
B. OFFICERS		
Presidenti Dean Seavers		
Address: 505 S. Flager Drive, Suite 900, West Palm Beach, FL 33401		·. ·
Vice President: Aaron Hillegass	· · · · · · · · · · · · · · · · · · ·	<u>`</u>
Address: 505 S. Flager Drive, Suite 900, West Palm Beach, FL 3	3401	
Address: 500 C. 1 lager Erive, Out 6 000, 1700 1 4111 5000 1, 1		<del></del>
Secretary: Dean Seavers		
Address: 505 S. Flager Drive, Suite 900, West Palm Beach, FL 3340	1	
Treasurer:		
Address:	· · · · · · · · · · · · · · · · · · ·	
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors,	
13. tem sem		
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms the are true and that he or she is aware that false information submitted in a document to the Department degree felony as provided for in s.817.155, P.S.	t the facts stated he nent of State const	rein itutes a
14. Dean Seavers, President	· · · · · · · · · · · · · · · · · · ·	
(Typed or printed name and capacity of person signing application)		

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALCHIBA, INC." IS DULY INCORPORATED

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

AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, A.D.

2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

2011 DEC 16 AM 9: 5

5040635 8300

111299621

You may verify this certificate online at corp. delaware. gov/authwar. shtml

Jeffrey W. Bullack, Secretary of State

AUTHENTICATION: 9232831

DATE: 12-15-11