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(Requestor's Name)

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(City/State/Zip/Phone #)

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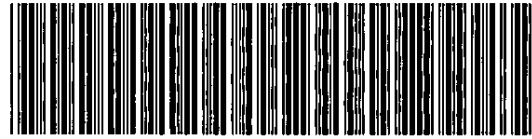
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AND
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KOCHMAN & ZISKA PLC

Ronald S. Kochman*

Maura A. Ziska

Marvin S. Rosen, *Counsel**

*Also admitted in New York

*Also admitted in Michigan

Esperanté

222 Lakeview Avenue, Suite 1500
West Palm Beach, Florida 33401

Telephone: (561) 802-8960

Facsimile: (561) 802-8995

September 30, 2014

Federal Express

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: **Alchibalink, Inc.**

Dear Sir/Madam:

Enclosed, in connection with the above-referenced entity, are the following:

1. Application by Foreign Corporation for Authorization to Transact Business in Florida;
2. Certificate of Existence from the State of Delaware; and
3. A check in the amount of \$87.50 which represents \$70 for the registration fee, \$8.75 for a certified copy of the application and \$8.75 for a certificate of status.

Also enclosed is Federal Express envelope for return of the above documents.

Thank you for your assistance.

Sincerely,


Kelly J. Smith, CP

Enclosures

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2014

KELLY J. SMITH CP
KOCHMAN & ZISKA PLC
222 LAKEVIEW AVENUE, SUITE 1500
WEST PALM BEACH, FL 33401

SUBJECT: ALCHIBALINK, INC.
Ref. Number: W14000060193

We have received your document for ALCHIBALINK, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 714A00021118

**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**

1. Alchibalink, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/26/2014 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. CDL, 505 S. Flagler Drive, Suite 900, West Palm Beach, FL 33401
(Principal office address)
CDL, 505 S. Flagler Drive, Suite 900, West Palm Beach, FL 33401
(Current mailing address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Louis M. Cohen
- Office Address: CDL, 505 S. Flagler Drive, Suite 900
West Palm Beach, Florida 33401
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. 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. . .

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11. Names and business addresses of officers and/or directors:

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A. DIRECTORS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: James H. Clark

Address: CDL, 505 S. Flagler Drive, Suite 900

West Palm Beach, FL 33401

Director: _____

Address: _____

B. OFFICERS

President: James H. Clark

Address: CDL, 505 S. Flagler Drive, Suite 900

West Palm Beach, FL 33401

Vice President: _____

Address: _____

Secretary: Louis M. Cohen

Address: CDL, 505 S. Flagler Drive, Suite 900, West Palm Beach, FL 33401

Treasurer: Louis M. Cohen

Address: CDL, 505 S. Flagler Drive, Suite 900, West Palm Beach, FL 33401

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Louis M. Cohen

(Typed or printed name and capacity of person signing application)

Delaware

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AND
FILED
PAGE 1

The First State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALCHIBALINK, 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 SIXTH DAY OF OCTOBER, A.D. 2014.

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1756050

DATE: 10-06-14