

11/8/21, 8:51 AM

F210000415

Florida Department of State
Division of Corporations
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((H210004131523)))



H210004131523ABCT

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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FLORIDA DEPT OF STATE

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Access Alternative Investments, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2021 NOV -8 AM 10:56
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FLORIDA DEPT OF STATE

S. HAWKES

NOV - 2021

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.*

ACCESS ALTERNATIVE INVESTMENTS, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. _____ 3. _____
DE 85-3115797
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. _____
01/13/2021
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

c/o Cauff, 5500 N. Military Trail, Boca Raton, FL 33496
7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

C T Corporation System

By: _____

Christine Kalm

Christine Kalm
Assistant Secretary

(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.

2021 Nov -8 AM 9:46

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STATE
SECRETARY
OF
FLORIDA

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

A. DIRECTORS

John Nozell

Chairman: _____

c/o Cauff, 5500 N. Military Trail, Boca Raton, FL 33496

Address: _____

Jonathan Cauff

Vice Chairman: _____

c/o Cauff, 5500 N. Military Trail, Boca Raton, FL 33496

Address: _____

Ronald Scheinberg

Director: _____

c/o Cauff, 5500 N. Military Trail, Boca Raton, FL 33496

Address: _____

Brandon Cauff

Director: _____

c/o Cauff, 5500 N. Military Trail, Boca Raton, FL 33496

Address: _____

B. OFFICERS

Jonathan Cauff

President: _____

c/o Cauff, 5500 N. Military Trail, Boca Raton, FL 33496

Address: _____

CEO John Nozell

Vice President: _____

c/o Cauff, 5500 N. Military Trail, Boca Raton, FL 33496

Address: _____

Ronald Scheinberg

Secretary: _____

c/o Cauff, 5500 N. Military Trail, Boca Raton, FL 33496

Address: _____

Paul Oechsli

Treasurer: _____

c/o Cauff, 5500 N. Military Trail, Boca Raton, FL 33496

Address: _____

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 11 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. Ronald Scheinberg

Ronald Scheinberg / Director

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ACCESS ALTERNATIVE INVESTMENTS, 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 THIRD DAY OF NOVEMBER, A.D.
2021.

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



4703070 8300

SR# 20213692877

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204586616

Date: 11-03-21