F23800000296

()	Requestor's Name)
(/	Address)
()	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
	Document Number)
· 2 Copies	Certificates of Status
rial Instructions to F	iling Officer:

Office Use Only



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S. FRANKLIN JAN 19 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195	
REFERENCE : 382525 7882647	
AUTHORIZATION: Typels de ma	
COST LIMIT : \$ 70.00	J
ORDER DATE : January 17, 2023] -
ORDER TIME : 9:01 AM	1 7
ORDER NO. : 382525-005	
CUSTOMER NO: 7882647	1: 22
FOREIGN FILINGS	
NAME: ALLIANCE REAL ESTATE MANAGEMENT INC.	
XXXX QUALIFICATION (TYPE: CO)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

	stration Section ion of Corporations					
SUBJECT:	Alliance Real Estate M	fanagement Inc				
JOBSECT.	}	Name of corporation	n - mus	t include suffix		
Dear Sir or M	ladam:					
'Certificate o	"Application by Forest Existence," or "Certiced foreign corporations."	ificate of Good Star	nding"	and check are sub	et Business in Florida," mitted to register the	
Please return	all correspondence co	ncerning this matte	r to the	following:		
Frank Zazzera						
	<u> </u>	Name of	Persor		Ĺ	١
Alliance Real	Estate Management Inc				13.	
		Firm/Cor	npany			
40 Morris Ave	., Suite 230					
-		Addr	ess			-
Bryn Mawr, P.	A 19010					-
	_	City/State a	and Zip	code		
fzazzera@allia	incehp.com					
	E-mail a	ddress: (to be used	for futu	ire annual report r	notification)	
For further in	formation concerning	this matter, please	call:			
		at (36	2-2698		
Nam	e of Person	Area Coo	le	Daytime Telep	hone Number	
Regis Divis The C 2415	EET/COURIER ADI tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Sui hassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
	-	DA DEPARTMENT	□ \$78.°	FATE 75 Filing Fee & fied Copy	☐ \$87.50 Filing Fee, Certificate of Status &	ź

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.

"Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida	 a)	
Delaware	3	92-0783282		
(State or count 09/30/2022	ry under the law of which it is incorporated}	(FEI number, if applicable)	_	
	e of incorporation)	(Date of duration, if other than perpetual)	_	
40 Morris Avc. !	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 Suite 230; Bryn Mawr, PA 19010	Florida, if prior to registration) 02, F.S., to determine penalty liability)	-	
· 	(Principal offi	ce <u>street</u> address)	-	
			(=	
-	(Current mailin	g address, if different)	2023.	
. Name and stre	et address of Florida registered agent: (P.O	,	20.23.	
. Name and stre		,	٠.	
Name:	et address of Florida registered agent: (P.O	,	٠.	
	et address of Florida registered agent: (P.O Corporation Service Company	,	٠.	

O(a)

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.

A. DIRECTORS			
□Chairman	Name: Richard R. Previdi	□Chairman	Name: M. Brett Hamilton
□Vice Chairman	Address: 40 Morris Ave., Suite 230	□Vice Chairman	Address: 40 Morris Ave., Suite 230
□Director	Bryn Mawr, PA 19010	□ Director	Bryn Mawr, PA 19010
President		□President	
□Vice President		■ Vice President	
□Secretary ·	☐ Treasurer	□Secretary	Treasurer
□Other	Other	□Other	Other
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	40 Morris Ave. Suite 230	□Vice Chairman	Address: 40 Morris Ave., Suite 230
□Director	Bryn Mawr, PA 19010	Director	Bryn Mawr, PA 19010
President		□President	
□Vice President		□Vice President	<i>دے</i>
Secretary	■ Treasurer	□ Secretary	☐Treasurer ☐:
Other	Other	Other Manager	Other
			- ·
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	Treasurer	☐ Secretary	☐ Treasurer
□Other	Other	□Other	Other
individuals may be	Use an attachment to report more than six (6). The attack added to the index when filing your Florida Department	it of State Annual Re	port form.
·	Signature of Director or	Officer	
The officer or direct she is aware that far s.817.155, F.S.	tor signing this document (and who is listed in number lise information submitted in a document to the Department of the Department in the	II above) affirms the	at the facts stated herein are true and that he or
The officer or direc she is aware that fa s.817.155, F.S.	Signature of Director or eter signing this document (and who is listed in number	Officer	at the facts stated herein are true and that he o

•

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALLIANCE REAL ESTATE MANAGEMENT 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 EIGHTEENTH DAY OF JANUARY,

A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLIANCE REAL ESTATE MANAGEMENT INC" WAS INCORPORATED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2022.

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

Authentication: 202515113

Date: 01-18-23

7060629 8300 SR# 20230167164