

F24000006076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

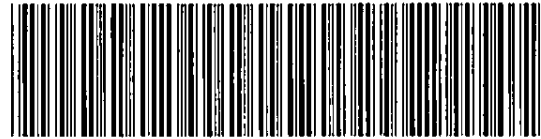
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

624-156854 condensed

Office Use Only



800438044518

RECEIVED

2024 NOV 22 PM 3:03

CLERK OF SUPERIOR COURT
JANUARY 1, 2025

APPROVED
AND
FILED

2024 DEC -2 AM 10:07

CLERK OF SUPERIOR COURT
JANUARY 1, 2025

DEC 03 2024
K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2024

CAPITAL CONNECTION, INC.

SUBJECT: ALEVON, INC.
Ref. Number: W24000156854

We have received your document for ALEVON, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 924A00025705

RECEIVED
2024 DEC -2 PM 2:37
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

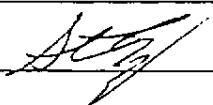
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ALEVON LLC

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



- ____ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ____ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ____ Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ____ Cert. Copy _____
- ____ Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

November 26, 2024

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: ALEVON LLC (Document Number L24000114191)

To Whom It May Concern:

I, Daniel Novela, as Manager of ALEVON LLC, Document Number L24000114191, hereby state the company waives its right to file a revocation of dissolution and gives permission for another entity to be formed with the same name.

This letter is in support of the qualification filing for Alevon, Inc., a Delaware corporation, to conduct business in Florida.

Sincerely,



Daniel Novela
Manager, ALEVON LLC

APPROVED
AND
FILED

2024 DEC -2 AM 10:07

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alevon, 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:

Daniel Novela

Name of Person

Novela Law

Firm/Company

1688 Meridian Avenue, Suite 900, Miami FL 33132

Address

Miami Beach FL 33139

City/State and Zip code

dnovela@novelalaw.com

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

For further information concerning this matter, please call:

Daniel Novela

at (305) 371 6711

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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. Alevon, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 99-4870594
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/9/2024 5. _____
(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)
7. 1688 Meridian Avenue Suite 900 Miami Beach, Florida 33139
(Principal office street address)
- _____
(Current mailing address, if different)

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

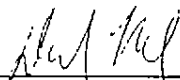
Name: Novela Law Firm, P.A.

Office Address: 1688 Meridian Avenue Suite 900

Miami Beach, Florida 33139
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

APPROVED
AND
FILED
2024 DEC -2 AM 10:07
CLERK OF THE
DEPARTMENT OF
STATE

A. DIRECTORS

☒ Chairman Name: Daniel Novela

☐ Vice Chairman Address:

☐ Director 1688 Meridian Avenue
Suite 900
Miami Beach, Florida 33139

☒ President

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Other

☐ Other

☐ Chairman Name:

☐ Vice Chairman Address:

☐ Director

☐ President

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Other

☐ Other

☐ Chairman Name:

☐ Vice Chairman Address:

☐ Director

☐ President

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Other

☐ Other

☐ Chairman Name:

☐ Vice Chairman Address:

☐ Director

☐ President

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Other

☐ Other

☐ Chairman Name:

☐ Vice Chairman Address:

☐ Director

☐ President

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Other

☐ Other

☐ Chairman Name:

☐ Vice Chairman Address:

☐ Director

☐ President

☐ Vice President

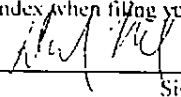
☐ Secretary

☐ Treasurer

☐ Other

☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Daniel Novela, President
(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 "ALEVON, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALEVON, INC." WAS INCORPORATED ON THE NINTH DAY OF SEPTEMBER, A.D. 2024.

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



4997776 8300

SR# 20244263248

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

A handwritten signature in black ink, reading "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204920919

Date: 11-20-24