Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H200000084183)))



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Division of Corporations Fax Number : (850)617-6381 From: Account Name : Ala REGISTERED AGENT INC. Account Number : I20090000032 Phone : (561)792-2236 Fax Number : (561)202-8082 *Enterothe email address for this business entity to be used for Euture

| annual report mailings. Enter only one email address please.**

| Email Address:

FLORIDA LIMITED LIABILITY CO. DANE'S ALLEY LLC

Certificate of Status	0
Certified Copy	0
Page Count	: 03
Estimated Charge	\$125.00

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ARTICLE I - Name:			MED LIABILITY COMPANY
The name of the Limited Liability	Company is:		
DANE'S ALLEY LLC	:		
(Must consti	n the words "Limited Lieb	ility Comp	any, "LLC," or "LLC.")
ARTICLE II - Address;			ī
The mailing address and street add	iress of the principal office	of the Lin	nited Liability Company is:
Principal	Office Address:		Malling Address:
190 OCEAN VIEW S	TREET	_	190 OCEAN VIEW STREET
NEW HAVEN CT 061	152	_	NEW HAVEN CT 06152
ARTICLE III - Registered Agen The Limited Liability Company o	it, Registered Office, & R	emistered	
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am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AM08R	LISA SIMONE
	190 OCEAN VIEW STREET
	NEW HAVEN CT 06152
AMBR	DANE SIMONE
	190 OCEAN VIEW STREET
	NEW HAVEN CT 06152
Of the assessment Control of the Con	
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