M0500000 198

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		1/13/
	Office Use Only	Kuth



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2005 JAN -6 PH 12: 18
SECRETARY OF STATE

TRANSMITTAL LETTER

10:	Registration Section Division of Corporations	
SUBJ	Real Estate Alliance I	I, LLC
50110		Limited Liability Company)
Florida	• • •	Liability Company for Authorization to Transact Business in e submitted to register the above referenced foreign limited a
Please	return all correspondence concerning thi	is matter to the following:
	Kelly DeFeo	
		Name of Person)
	Real Estate Alliance I	I, Inc.
	((Firm/Company)
	555 Andorra Glen Court	, Suite 11
		(Address)
	Lafayette Hills, PA 19	444
	(City	/State and Zip Code)
For fu	rther information concerning this matter,	please call:
	Kelly DeFeo	at (610) 941-9546
	(Name of Person)	(Area Code & Daytime Telephone Number)
	STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399		P.O. Box 6327 Tallahassee, Florida 32314
Enclos	ed is a check for the following amount:	·
	□ \$125.00 Filing Fee □ \$130.00 Filing Fee Certificate	& \$\square\$\$ \$\$155.00 Filing Fee & \$\$160.00 Filing Fee, Certificate e of Status

COMMON WEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

December 22, 2004

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

REAL ESTATE ALLIANCE II, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein

IN TESTIMONY WHEREOF, have hereunto set my hand and caused the Seal rote the Secretary's Office to be affixed the day and year above written.

eds h. Julas

Secretary of the Commonwealth

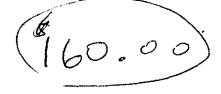
Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

- Pursuant to s.608.503(1), Florida Statutes, the attached application must be completed in its entirety.
- The foreign limited liability company **must** submit an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- > The fees to register are as follows:

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Corriginal Corresponding to the contract of the corresponding to the cor

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



- A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A transmittal letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.

Tallahassee, FL 32399

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

CR2E027(05/04)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Real Estate Alliance (Name o	II, LLC of Foreign Limited Lis	ability Company)	
	Pennsylvania	3.	20-0653948	
	Jurisdiction under the law of which foreig ompany is organized)		(FEI number, if ap	oplicable)
-	2/2/04 (Date of Organization)	5.	perpetual (Duration: Year limited liability	company will cease to
	Not Applicable		exist or "perpetual")	
-	(Date first transa (See sections 608.	acted business in Flori .501 & 608.502 F.S. to	ida, if prior to registration.) o determine penalty liability)	
_	555 Andorra Glen Ct.,	Suite 11		
	Lafayette Hills, PA l	9444		
-		(Street Address of	Principal Office)	
	Kelly DeFeo 555 Andorra Glen Cour	t. Suite 11		
	Lafayette Hills, PA 1			
	Attached is an original certificate of existen		ys old, duly authenticated by the offi	
eja ans	jurisdiction under the law of which it is organization of the certificate under cath of the transverse of business or purposes to	enslatormust be submit be conducted or p	oromoted in Florida:	TARY OF S
eja Mas	jurisdiction under the law of which it is orga slation of the certificate under cath of the tra	enslatormust be submit be conducted or p	oromoted in Florida:	TARY OF
ne ja ams	jurisdiction under the law of which it is organization of the certificate under cath of the translature of business or purposes to real estate developments. Signature of a representation of the properties of the certificate under cath of the translature of the certificate under cath of the certificate under ca	be conducted or put and investment and investment or an authorized of periors of periors of periors.	oromoted in Florida:	TARY OF STATE ASSEE, FLORIDA Imber.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Compa	any is:	
Real E	state Alliance II, LLC		
2. The name a	and the Florida street address o	of the registered agent and office are:	
	Mark L. Gaeta, Esq,		
		(Name)	
	1000 S. Federal High	hway, Suite 103	
	Florida Street Addr	ress (P.O. Box NOT ACCEPTABLE)	
	Ft. Lauderdale.	FL 33316 City/State/Zip	
liability compa agent and agre relating to the j	ny at the place designated in th e to act in this capacity. I furth proper and complete performa	o accept service of process for the above his certificate, I hereby accept the appo- her agree to comply with the provisions hice of my duties, and I am familiar with as provided for in Chapter 608, Floria	intment as registered s of all statutes h and accept the
Mark L	(Signature) (Saeta		2005 JAN - SECRETAR TALLAHAS
	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional)	-6 PHIZ: 18 SY OF STATE SEE, FLORIDA

\$ 5.00 Certificate of Status (optional)