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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

(Name of	Limited Liability Company)	
The enclosed "Application by Foreign Limited Florida," Certificate of Existence, and check a lability company to transact business in Floridation	d Liability Company for Authorization to Transact re submitted to register the above referenced foreign.	Business gn limited
Please return all correspondence concerning the	nis matter to the following:	
Christopher Killmeyer		
	(Name of Person)	
API Processing, Inc.		
	(Firm/Company)	07 JUN 20
3419 Galt Ocean Drive,	W - 10	N 20
	(Address)	O PH
Fort Lauderdale, Florida	33308	
(Cit	y/State and Zip Code)	ni CO
For further information concerning this matter	, please call:	
Christopher Killmeyer	at ( 954 ) 567-0013	
(Name of Person)	(Area Code & Daytime Telephone Numb	er)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:  ☐\$125.00 Filing Fee ☐\$130.00 Filing Fee Certifica	te & \$\sum \\$155.00 \text{ Filing Fee & \$\sum \\$160.00 \text{ Filing Fee, 0} \text{ te of Status } \text{ of Status & } \text{ of Status & }	

#### 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:

ì.	Alliance Contracting, LLC
	(Name of Foreign Limited Liability Company)
	NewYork 3. 20-4513743
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	February 22, 2006 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Upon Licensure
	(Date first transacted Eusiness in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	220 Clinton Street, Cowlesville, NY 14037
	TAS O
	(Street Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here
-,	SST O
9.	The name and usual business addresses of the managing members or managers are as follows:
	David J. Lyons - Manager - 220 Clinton Street, Cowlesville, NY 14037
	John M. Zoladz - Manager - 220 Clinton Street, Cowlesville, NY 14037
	Tom Dougherty - Manager - 220 Clinton Street, Cowlesville, NY 14037
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: General Contracting
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this documen constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	John M. Zoladz - Manager

Typed or printed name of signee

### 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 the Limited Liability Company is:			
Alliance Contracting, LLC		<u></u>	
2. The name and the Florida street address of the registered agent and office are:	TAI	07	
John M. Zoladz	ECRE	MUL	g .
(Name)	ASSI	¥ 20	Land.
77 South Birch Road, Unit 4A	<u> </u>	2	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	FLORID.	2: -	
Fort Lauderdale FL 33316	. D.F1	ආ	
City/State/Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## State of New York Department of State } ss:

I hereby certify, that ALLIANCE CONTRACTING, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/22/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of April two thousand and seven.

Special Deputy Secretary of State

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