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	Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : C T CORPORATION SESTEMO Section Sect		
*Enter the email annual repo	Account Number : PCA00001 Phone : (850)22: Fax Number : (850)87: I address for this busines out mailings. Enter only o	00023 2-1092 8-5368 88 entity to be 1	ased for future please.** SSCHOOL A
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May 18, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ALDORA HOLDINGS LLC

REF: W12000027632

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H12000133511 Letter Number: 912A00014666

RE-SUBMIT
Please retain original filing
date of submission __str

12 MAY 18 AM 10: 18
SECHETARY OF STATE
TALLAHASSEE. FLORID

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

	Registration Section Division of Corporations			
SURJEC	T: Aldora Holdings LLC			
		me of Limited Liability Con	ipany	
The enclo	osed "Application by Foreign Limited Lia c, and check are submitted to register the	bility Company for Authorizabove referenced foreign limit	ation to Transact Business in Florida," Ited liability company to transact busin	Certificate of less in Florida
Please re	turn all correspondence concerning this m	atter to the following:		
	Leon J. Silverstein			
		Name of Person		
	Aldora Holdings LLC			
		Firm/Company		
	11500 Miramar Parkway, Suite 30	00		
		Address		
	Minumer, FL 33025-5807	_	_	
		City/State and Zip Code		
	jackie_audette@pacifier.com			
Maria Brader	·	to be used for future annual i	eport notification)	
For mathe	r information concerning this matter, plea	ar cm(:		
L	eon J. Silverstein	at (954) 441-5057	
	Name of Person	Area Code & Daytime	Telephone Number	
D R P	IAILING ADDRESS: bivision of Corporations egistration Section .O. Box 6327 allahassee, FL 32314	STREET ADDRESS; Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	al e	,
Enclosed	is a check for the following amounts: 125.00 Filing Fee \$130.00 Filing Fe Certificate of State	c & ∫ \$155.00 Filing Fcc	& [S160.00 Filing Fee, Certificate of Status & Certified Copy	ı

PLOST - 10/05/2010 C T System Online

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

_	Aldera Holdings LLC	
1.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	(and the state of	
CO	If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	
	Delaware 3, 45-5281493	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	May 9, 2012 5, Perpotual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	May 18, 2012	
••	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	11500 Miramar Parkway, Suite 300	
• •	हैं हैं	
	Miramar, FL 33025-5807	
	(Street Address of Principal Office)	FIL
8.	Miramar, FL 33025-5807 (Street Address of Frincipal Office) If limited liability company is a manager-managed company, check here	LEU
9.	. The name and usual business addresses of the managing members or managers are as follows:	
		<u>စ</u>
	11500 Miramar Parkway, Suite 300	2 5
	Miramer, FL 33025-5807	
the	 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in e-jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.) 	
11.	1. Nature of business or purposes to be conducted or promoted in Florida: management	
	and the second of the second o	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the	
	penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.)	
	Joseph J. Devine	
	Typed or printed name of signee	

FLQ57 • 10/05/2016 C T System Online

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		iability Company is:			
If unavailable	, the alternate to	be used in the state of F	Florida is:		
2. The name	and the Florida st	treet address of the regi	stered agent and office	e are:	
	C T Corporation S	System	·	== == == == == == == == == == == ==	ಸ
		(Name))		12 萬
	1200 South Pine L	Island Road		27.35°	司
	Flo	orida Street Address (P.O. B.	OX NOT ACCEPTABLE)	FF 9	呈
	Plantation		J_33324	FLOR	8: 26
		City/Sta	nto/Zip	1000年	, 0
liability compa agent and agre relating to the	any at the place de ee to act in this cap proper and compl my position as reg	ed agent and to accept seesignated in this certifical pacity. I further agree to lete performance of my agistered agent as provide paration System (Signature)	ate, I hereby accept the o comply with the prov. Auties, and I am familia	appointment as registered istons of all statutes are with and accept the Florida Statutes. BIVAN	,

\$ 100,00 Filing Fee for Application Designation of Registered Agent \$ 25.00 \$ 30.00 Certified Copy (optional) Certificate of Status (optional) 5.00

FL857 - 10/03/2819 C T System Online

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "ALDORA HOLDINGS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5152203 8300

120579356

You may varify this certificate online at corp. delaware. gov/authvar.shtml

AUTHENTICATION: 9578282

DATE: 05-17-12

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CT CORPORATION