(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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08/31/12--01031---006 \*\*130.00

D. BRUCE

OCT 2 2012

**EXAMINER** 



September 4, 2012

VIVIENNE SCHLEU, CPA 1179 SW 21ST STREET BOCA RATON, FL 33486-6717

SUBJECT: ALPINA FINANCIAL CONSULTANTS LLC

Ref. Number: W12000045602

We have received your document for ALPINA FINANCIAL CONSULTANTS LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 012A00022345

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

#### SUBJECT: ALPINA FINANCIAL CONSULTANTS LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following

	Vivienne Schleu, CPA	Name of Person	
	ALPINA FINANCIAL C	ONSULTANTS LLC	-
		Firm/Company	_ '
	1179 SW 21st Street		
		Address	_
	Boca Raton, FL 33486	6 6717	
		City/State and Zip Code	_
	vschleu@bellsouth.	.net ss: (to be used for future annual report notification)	
ırther inf	ormation concerning this matter, p		
Vivi	enne Schleu, CPA	<sub>at (</sub> 561 ) 395-5164	
	Name of Person	Area Code & Daytime Telephone Number	
	LING ADDRESS: ion of Corporations	STREET ADDRESS: Division of Corporations	

### 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:

1. ALPINA FINANCIAL CONSU (Name of Foreign Limited Liability C		-
(If name unavailable, enter alternate name acconsent of the managers or managing member Company," "L.L.C," "LLC.")	dopted for the purpose of transacting business in Florida and attach a copy of the ers adopting the alternate name. The alternate name must include "Limited Liab	_ e writte ility
2. OHIO	3. <u>27-5026107</u>	_
(Jurisdiction under the law of which foreig company is organized)	gn limited liability (FEI number, if applicable)	
4. 01/01/09	5. PERPETUAL	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	- 12
6. 10/01/2011	C C AR	- CT
(Date first transa (See sections 608.	acted business in Florida, if prior to registration.) .501 & 608.502 F.S. to determine penalty liability)	
<sub>7.</sub> 1200 N Federal Highway, S	Suite 200, Boca Raton, FL 33432	- P
	(Street Address of Principal Office)	-25
8. If limited liability company is a ma	anager-managed company, check here ✓	٠.
9. The name and usual business addr	resses of the managing members or managers are as follows:	
Vivienne K Schleu, CPA 1200	N Federal Highway, Suite 200, Boca Raton, FL 33432	_
Gary E Mathews 1200 N Fe	ederal Highway, Suite 200, Boca Raton, FL 33432	_
		-
_	ice, no more than 90 days old, duly authenticated by the official having custody of rec anized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslator must be submitted.)	cords in
11. Nature of business or purposes to	be conducted or promoted in Florida: INVESTMENT ADVICE	<u>-</u>
		_,
_	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	

Typed or printed name of signee

Vivienne K Schleu, CPA

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, F.S.)

### 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:	
ALPINA FINANCIAL CONSULTANTS LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	12 OCT SECRE TALLAH
Vivienne K Schleu, CPA	出版コー
(Name)	ARY OF SSEE.
1179 SW 21st Street	F. S. T.
Florida Street Address (P.O. Box NOT ACCEPTABLE)	GRIDA GRIDA
Boca Raaton <sub>FL</sub> 33486	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and cobligations of my position as registered agent as provided for in Chapter 608, Florida State (Signature)  Signature)	nt as registered statutes accept the

\$ 25.00 Designation of Registered Agent

**Certified Copy (optional)** 

Certificate of Status (optional)

\$ 30.00

5.00

## United States of America State of Ohio Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ALPINA FINANCIAL CONSULTANTS, LLC., an Ohio For Profit Limited Liability Company, Registration Number 1830686, was organized within the State of Ohio on January 20, 2009, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of August, A.D. 2012

**Ohio Secretary of State** 

Validation Number: V2012228A8292F

### 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:

	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	ALPINA FINANCIAL CONSULTANTS LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	(Name of Foreign Emmed Elability Company, must include Emmed Elability Company, E.E.C., of EEC.)	
<u>(11</u>	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the	- writte
co	onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil	
Co	ompany," "L.L.C," "LLC.")	
	OHIO 3. 27-5026107	_
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	01/01/09 5. PERPETUAL	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	,
6.		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	1200 N Federal Highway, Suite 200, Boca Raton, FL 33432	
	LEC	20
	(Street Address of Principal Office)	<u>C1</u>
	(Silver Madress of Philospan Chiloc)	<del></del>
8.	If limited liability company is a manager-managed company, check here	말
9.	The name and usual business addresses of the managing members or managers are as follows:	5
	Vivienne K Schleu, CPA 1200 N Federal Highway, Suite 200, Boca Raton, FL 33432	ഗ
	Gary E Mathews 1200 N Federal Highway, Suite 200, Boca Raton, FL 33432	
		•
the	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a nslation of the certificate under oath of the translator must be submitted.)	ords in
	·	
11	. Nature of business or purposes to be conducted or promoted in Florida: INVESTMENT ADVICE	'
		•
	$\mathcal{M}$	
	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	

Vivienne K Schleu, CPA

Typed or printed name of signee

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, F.S.)

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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1. The name of the Limited Liability Com	pany is:	
ALPINA FINANCIAL CONSU	JLTANTS LLC	· .
If unavailable, the alternate to be used in the	ne state of Florida is:	
2. The name and the Florida street address	of the registered agent and office are	·
Vivienne K Schleu, CP	Α	<b>12</b> SE !ALL
· · · · · · · · · · · · · · · · · · ·	(Name)	OCI LAH
1179 SW 21st Street		FILL TARN
Florida Street Ad	dress (P.O. Box NOT ACCEPTABLE)	
Boca Raaton	FL 33486	∷ 55 1:55 
	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)

# United States of America State of Ohio Office of the Secretary of State

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Ohio Secretary of State

Validation Number: V2012228A8292F