# M14000001709

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	25	46

Office Use Only



600256916966

03/12/14--01001--023 \*\*250.00

PARTYENT OF STATE

HAR III PK \$: 0: 2014 [版]

SECRET

MAR 1 4 2014 T CLINE STATE

1 OF 2014 MER 13 MAP 11

~ 1844

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	<del></del>					
ALLIANCE BUSIN	NESS CAPITAL	GROUP	]			
LLC			l			
		<del></del>	1			
			}			
<del></del>			<u> </u>			
				Art of Inc. File	_	
			ļ <u></u>	LTD Partnership File		
				Foreign Corp. File		
			<u></u>	L.C. File		
				Fictitious Name File		
				Trade/Service Mark		
				Merger File		
			<b></b>	Art. of Amend. File		
				RA Resignation	_	
				Dissolution / Withdrawal	<u> 742</u> 22	*
				Annual Report / Reinstatement_	2014 MAR SECHETA	1.3
				Cert. Copy	RI3	Speciments.
				Photo Copy	ÿi ∠ ∭_	
				Certificate of Good Standing		C
				Certificate of Status	p: 55	
				Certificate of Fictitious Name		
				Corp Record Search		
				Officer Search	-	
				Fictitious Search	<del></del>	
Signature				Fictitious Owner Search		
				Vehicle Search	-	
	_ <del> </del>		] —	Driving Record		
Requested by: Seth	03/13/14			UCC 1 or 3 File		
Name	Date	Time		UCC 11 Search		
187 11 <b>V</b>	77711 81 1			UCC 11 Retrieval		
Walk-In	Will Pick Up			Courier		



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2014

CAPITAL CONNECTION, INC.

SUBJECT: ALLIANCE BUSINESS CAPITAL GROUP LLC

Ref. Number: W14000015957

We have received your document for ALLIANCE BUSINESS CAPITAL GROUP LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 414A00005387

www.sunbiz.org

Division of Companytion - D.O. DOV COOR Welled and El. 11, 2001

#### **COVER LETTER**

TO: Registration Section

Division of Corporations

## SUBJECT. ALLIANCE BUSINESS CAPITAL GROUP LLC

Name of Einited Eighility 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:

		Name of Perso	ฑั		•	<u>,</u> ;
		Firm/Compan	<u>.</u> y,	<del></del>		·
		Address				
		71001033				
· · · · · · · · · · · · · · · · · · ·		City/State and Zip	Code			
<del>*** *** ** *** *** ***</del>	E-mail address: (to	be used for future a	nnual repor	t notification	), .	FQ.
						* 1
nër information concerning	•		i. i		45-	TALLAH!
Eli Shemon	•	eall: at_(30	)1 	526-7	195	CRETARY LAHASA
Eli Shemon	•		)1 ca Code	526-7	195 Telephone N	lumber in a
Name of MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	f Contact Person	at (And And And And And And And And And And	rations	·	195 Telephone N	CRETAR YOF STATE
Eli Shemon  Name o  MAILING ADDRESS: Division of Corporations	Y.  f Contact Person  F	at (And And And And And And And And And And	enter Circle	·	'195 Telephone N	CRETARY OF STATE
Eli Shemon  Name of MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	f Contact Person	at (Architecture)  STREET ADDRI Division of Corporate Section Section Section Section Building 2661 Executive Corallahassee, FL 32	enter Circle	·	'195 Telephone N	CRETARY OF STATE

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIL  1 ALLIANCE BUSINESS CAPITAL GROUP LLC	<b>M</b> :
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate na Liability Company," "L.L.C," or "LLC.")	me must include "Limited
<sub>2.</sub> Maryland <sub>3.</sub> 26-3497063	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applies company is organized)	ble)
<sub>4.</sub> 2/28/2014	
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0903, P.S. to determine penalty liability)	- 2
5. 1111 PARK CENTER BLVD , SUITE 450	
MIAMI GARDENS, FL 33169	道言
(Street Address of Principal Office)  6. 1111 PARK CENTER BLVD , SUITE 450	The state of the s
MIAMI GARDENS, FL 33169	5 5
(Mailing Address)	<u> </u>
7. The name, title or capacity and address of the person(s) who has/have authority to ma	mage is/are:
May Bedolach	<del></del>
Managing Member, 1111 Park Center Blvd, Suite 450, Miami Gardens, FL 33169	
	<u>•</u>
B. Attached is an original certificate of existence, no more than 90 days old, duly authent having custody of records in the jurisdiction under the law of which it is organized. (A placeptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted)	hotocopy is not
	•
In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury un aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provide	— that the facts stated herein are true. I d for in s.817.155, F.S.)
May Bedolach	•
Typed or printed name of signes	_

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.01.13 or 605.0902 (1)(d), 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 BUSINESS CAPITAL GROUP 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:

## May Bedolach

(Name)

### 1111 PARK CENTER BLVD , SUITE 450

Florida Street Address (P.O. Box NOT ACCEPTABLE)

MIAMI GARDENS:

\_\_ 33169

City/Stäte/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 605, 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 MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ALLIANCE BUSINESS CAPITAL GROUP, LLC, REGISTERED SEPTEMBER 29, 2008, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 11, 2014.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

R 87643001