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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL
Account Number : 120050000052
Phone : (850) 656-7956
Fax Number : (850) 656-7953

2014 MAY -1 AM 11:23
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mcorcelli@alexanderalternativecapital.com

Foreign Limited Liability Company
Alexander Alternative Capital, LLC

Certificate of Status	0
Certified Copy	1
Page Count	6
Estimated Charge	\$155.00

RECEIVED

14 MAY 1 PM 4:30

SECRETARY OF STATE
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K. SALY
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MAY -2 2014

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EXAMINER

efax

(3/7) 05/01/2014 02:29:58 PM -0400



May 1, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INCORPORATING SERVICES FL

SUBJECT: ALEXANDER ALTERNATIVE CAPITAL, LLC
REF: W14000027426

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

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.

If the principles are the same we will need a consent letter.,

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H14000097837
Letter Number: 614A00009268

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALEXANDER ALTERNATIVE CAPITAL, LLC
100 S.E. Second St., Suite 2600
Miami, FL 33131

April 23, 2014

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Consent To Use Similar Name - "Alexander Alternative Capital"

Dear Sir or Madam:

Alexander Alternative Capital, LLC, a Florida limited liability company, which filed its Articles of Dissolution with the Florida Department of State on April 23, 2014 (Document number L14000000286), hereby states that it has no intention of revoking its dissolution and is therefore, releasing the name for use to another entity. Accordingly, the Florida dissolved Alexander Alternative Capital, LLC hereby consents to the use of the entity name "Alexander Alternative Capital, LLC" for purposes of qualifying the new Alexander Alternative Capital, LLC, a Delaware limited liability company, to do business in Florida and filing an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

Very truly yours,

Alexander Alternative Capital, LLC

By: _____

Michael Corcelli
AMBR

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

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

1 Alexander Alternative Capital, LLC

(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 name must include "Limited Liability Company," "L.L.C.," or "LLC")

2 Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3

(FBI number, if applicable)

4

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5 100 S.E. Second Street, STE 2600, Miami, FL 33131

(Street Address of Principal Office)

6 100 S.E. Second Street, STE 2600, Miami, FL 33131

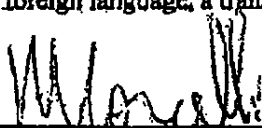
(Mailing Address)

7 The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michael Corcelli, AMBR

100 S.E. Second Street, STE 2600, Miami, FL 33131

8. Attached is 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)


Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true and aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.153, F.S.)

Michael Corcelli

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 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:

Alexander Alternative Capital, 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:

Michael Corcelli

(Name)

100 S.E. Second Street, STE 2600

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

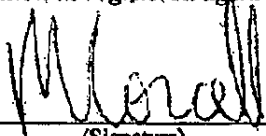
Miami

FL

33131

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 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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALEXANDER ALTERNATIVE CAPITAL, 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 TWENTY-FIRST DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALEXANDER ALTERNATIVE CAPITAL, LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2014.

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

5502171 8300

140359350

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1228856

DATE: 03-21-14