M14000004778

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000261290800

06/16/14--01033--002 **125.00



A. Shivers JUL 0 8 2014

75⁷



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2014

JAY PHILLIPS 701 N GREEN VALLEY PKWY SUITE 200 HENDERSON, NV 89074

SUBJECT: ALPHA MAJOR 5087 INVESTMENTS LLC

Ref. Number: W14000037677

We have received your document for ALPHA MAJOR 5087 INVESTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00013111

CR2E027 (9/10)

COVER LETTER

TO:

Registration Section Division of Corporations

Alpha Major 5087 Investments 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:

Jay Phillips
Name of Person
Alpha Major 5087 Investments LLC
Firm/Company
701 N. Green Valley Pkwy. Suite 200
Address
Henderson, NV 89074
City/State and Zip Code
info@alphamajor5087.com
E-mail address: (to be used for future annual report notification)
mation concerning this matter, please call:

For further information concerning this matter, please call:

Scott Phillips	_{at} 775 629-2814	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS.	CTDEFT ANNDECC.	

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Registration Section 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 & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Alpha Major 5087 Investments LLC (Name of Foreign Limited Liability Company; must include the company).	ude "Limited Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of t Liability Company," "L.L.C," or "LLC.")	transacting business in Florida. The alternate name must include "Limited		
	_{3.} 46-5464348		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
4.			
(Date first transacted business in (See sections 605.0904 & 605.0905	n Florida, if prior to registration.) 5, F.S. to determine penalty liability)		
12 Wood Crest Lane			
Palm Coast, FL 32164			
(Street Address	s of Principal Office)		
12 Wood Crest Lane			
Palm Coast, FL 32164			
(Maili	ing Address)		
7. The name, title or capacity and address of the personal	son(s) who has/have authority to manage is/are:		
Scott and Jay Phillips			
12 Wood Crest Lane			
Palm Coast, FL 32164			
	y 40 F \$		
naving custody of records in the jurisdiction under the	more than 90 days old, duly authenticated by the official		
Ja Velle			
Signature of a n accordance with section 605.0203, F.S., the execution of this document cons n aware that any false information submitted in a document to the Department	n authorized person stitutes an affirmation under the penalties of perjury that the facts stated herein are tru t of State constitutes a third degree felony as provided for in s.817.155, F.S.)		
Scott Phillips			

Typed or printed name of signee

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.

	f the Limited Liability ajor 5087 Pr	Company is: Coperties LLC	
If unavailable,	the alternate to be used	l in the state of Florida is:	
2. The name ar	nd the Florida street ad	dress of the registered agent and office are:	
	Scott Phillip	os .	
		(Name)	_
	12 Wood C	rest Lane	
	Florida Str	eet Address (P.O. Box NOT ACCEPTABLE)	
	Palm Coast	32164 FL	
		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)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ALPHA MAJOR 5087 INVESTMENTS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 2, 2014, and is in good standing in this state.

CONCORD OF THE PARTY OF THE PAR

Electronic Certificate
Certificate Number: C20140610-1950
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 10, 2014.

ROSS MILLER Secretary of State