

15 000 000 383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

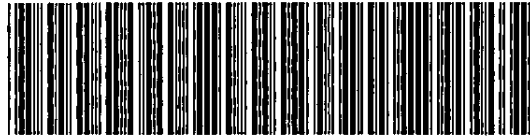
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400267544874

400267544874
12/17/14--01025--010 **155.00

FILED
15 JAN -6 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECORDED JAN 16 2015

114



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2014

JASON STROEHLEIN
6358 TRANSIT RD
DEPEW, NY 14043

SUBJECT: NORTHERN ALLIANCE MANAGEMENT LLC
Ref. Number: W14000075550

We have received your document for NORTHERN ALLIANCE MANAGEMENT LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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: 514A00026950

Northern Alliance Management, LLC

**6358 Transit Rd
Depew, NY 14043**

State of Florida
FL Reg Section Division of Corporations
2661 Executive Center Circle Clifton Building
Tallahassee, FL 32301

RE: Northern Alliance Management, LLC

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Jason Stroehlein
Northern Alliance Management, LLC
6358 Transit Rd
Depew, NY 14043

If you have any questions regarding this application, please contact:

Jason Stroehlein
Northern Alliance Management, LLC
Phone: (716) 256-1789
Fax: (716) 256-1683
Email: jason@northernalliancellc.com

Enclosures

**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. Northern Alliance Management, 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. New York 3. 46-2153691
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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


5. 6358 Transit Rd, Depew, NY 14043
(Street Address of Principal Office)

6. Same
(Mailing Address)

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

Jason Strochlein, Managing-Member/CEO, 6358 Transit Rd, Depew, NY 14043

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. 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.)

Jason Strochlein
Typed or printed name of signer

FILED
15 JAN -6 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Northern Alliance Management, 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:

C T Corporation System
(Name)

1200 South Pine Island Road
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324
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.

C T Corporation System

By: Michele Miller

(Signature)

Michele Miller
Assistant Secretary

\$ 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 New York
Department of State } ss:

I hereby certify, that NORTHTOWNS RECOVERY SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/15/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment NORTHTOWNS RECOVERY SERVICES, LLC, changing its name to NORTHERN ALLIANCE MANAGEMENT, LLC, was filed 04/23/2013.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 30th day of October
two thousand and fourteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

201410310250 * EZ

FILED
15 JAN -6 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA