

MI 500 0001481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

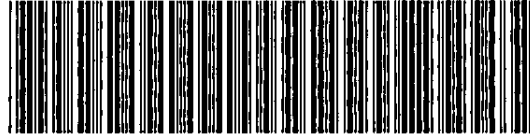
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. Shivers FEB 25 2015

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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15 FEB 19 AM 9:59

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EJB ALLIANCE 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:

**Edward L. Vlock**

Name of Person

**EJB ALLIANCE LLC**

Firm/Company

**5722 S. Flamingo Rd, #205**

Address

**Cooper City, FL 33330**

City/State and Zip Code

**dillinv@earthlink.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Edward Vlock**

Name of Contact Person

at ( **813** )

Area Code

**5057484**

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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  
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. **EJB ALLIANCE 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. **South Dakota**

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

3. **47-1524952**

(FEI number, if applicable)

4. **n/a**

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

5. \_\_\_\_\_

**5720 Surrey Circle East, Davie FL 33331**

(Street Address of Principal Office)

6. \_\_\_\_\_

**5722 S. Flamingo Rd, #205, Cooper City, FL 33330**

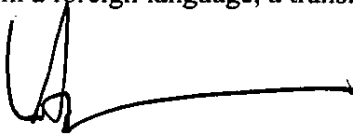
(Mailing Address)

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

**Edward L. Vlock**

**Member/Manager**

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.)

**Edward L. Vlock**

Typed or printed name of signee

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE Certificate of Existence Limited Liability Company

ORGANIZATIONAL ID# DL039745

I, **Shantel Krebs**, Secretary of State of the State of South Dakota, do hereby certify that **ALLIANCE, LLC** was duly organized under the laws of this state on August 05, 2014 for a perpetual term of existence.

I, further certify that said limited liability company has complied with the laws of this State relative to the formation of limited liability companies of its kind and is now a regularly and properly organized and existing limited liability company under the laws of this State and is in good standing, as shown by the records of this office. The annual report required by law has been filed with our office and articles of termination have not been filed.

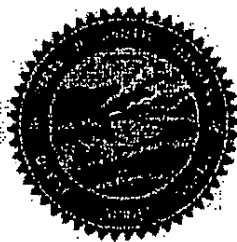
This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices. Such information is not available from this office.

**Validation Number:** 1424462473

Use this number to verify the certificate as legitimate via the South Dakota Secretary of State website: [sdsos.gov](http://sdsos.gov)

IN TESTIMONY WHEREOF, I  
have hereunto set my hand and  
affixed the Great Seal of the State of  
South Dakota, at Pierre, the Capital,  
this February 13, 2015.

**Shantel Krebs**  
Secretary of State



Certificate ID: 9529

## Invoice Details

This invoice has already been paid.

Corporate Name: EJB ALLIANCE, LLC

Corporate ID: DL039745

Invoice Number: 272038

Invoice Date: 2/13/2015 5:12:49 PM

Total: \$20.00

Description	Amount	Quantity
Certificate of Good Standing	\$20.00	1

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1

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Page size: 20 ▼

1 items in 1 pages



**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:

**EJB ALLIANCE 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:

**Edward L. Vlock**

(Name)

**5722 S. Flamingo Rd #205**

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

**Cooper City**

**33330**

**FL**

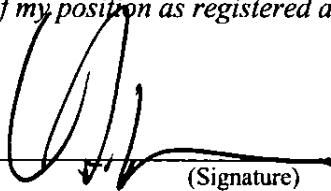
City/State/Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 19 AM 9:59

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*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)