# M150000349

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2015

PAT HARRIS ALLIED CAPITAL AND DEVELOPMENT OF S FL L 115 FRONT STREET, SUITE 300 JUPITER, FL 33477

SUBJECT: U.S. IMMIGRATION FUND, LLC

Ref. Number: W15000019010

We have received your document for U.S. IMMIGRATION FUND, 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):

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.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 915A00005391

www.sunbiz.org

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

U.S. Immigration Fund, 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 retur

Name of Person	
Allied Capital and Development of South Fl	orida, LLC
Firm/Company	
115 Front Street, Suite 300	평. <b>2</b>
Address	
Jupiter, FL 33477	CALLAHAS
City/State and Zip Code	37.5 37.6
pat@usifund.com	PH 12:1
E-mail address: (to be used for future annual report notification)	
nation concerning this matter, please call:	9 S
Harris 561 983-4	465
at (	Pelephone Number

MAHANG ADDRESS:

For further

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

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ŀ	. 13.0	l/cod	10.0	colorate le	tor that	following	i amanunt:

■ \$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:

If name unavailable, enter alternate name adopted for the purpose of Jability Company," "L.L.C," or "LLC,")	f transacting business in Florida. The alternate name must include	"Limited
Delaware	<sub>3.</sub> 46-1403379	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
JANUARY 20, 2015		
JANUARY 20, 2015 (Date first transacted business (See sections 605,0904 & 605,090	in Florida, if prior to registration.) 05, F.S. to determine penalty liability)	
115 Front Street, Suite 300		
Jupiter, FL 33477		
	ress of Principal Office)	
115 Front Street, Suite 300	W 65	5) 20 17
Jupiter, FL 33477		
(Ma	illing Address)	) )
7. The name, title or capacity and address of the pe	erson(s) who has/have authority to manage is/arc	
Nicholas A. Mastroianni, II , Manag		
Florida 33477		<u></u>
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
8. Attached is an original confinence of existence, no	n more than 90 days old, duly authenticated by the	officie
laving custody of records in the inhighiction linder t	the law of which it is organized (A photocopy is n	101
neceptable. If the certificate is in a coreign language must be submitted)	, a translation of the certificate under oath of the tr	ranslat
must be submitted)		
Signature of	an authorized person	
In accordance with section 605 0203, E.S., the execution of this document ed	constitutes an affirmation under the penalties of perjury that the facts stated tent of State constitutes a third degree felony as provided for in \$ 817-155,	f herein ar

Typed or printed name of signee

Nicholas A. Mastroianni, II

## CERTIFICATE OF DESIGNATION OF RECISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605:0113 of 605:0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY GOMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF PLORIDA.

U.S. Immigratio	n Fund, ULC					
If unavailable,	the alternate to be used	in the state of Florida is:				
· · · · · · · · · · · · · · · · · · ·		<u> </u>				
7 The name a	ad the Elevida stuggt add	S CAL	b			
a. The name a	un che i tottoù su cet ann	iress of the registered ag	ent and office are;	[1- 6-3	73	
. The natio a	Donald M. Allison, E.		ent and office are;	Designation of the second of t	2015 MA	<b>-1</b> 7
g. The hanc g			ent and office are;	CLAHASS	2015 MAR 30	
g. The hanc g		squire	ent and office are:	CERT WAY O	MAR 30	ŧ
g. The hanc g	Donald M. Allison, E.	squire		S#BERARY ØF LLAHASSBEFFI	MAR 30 PHI	
g. The hanc g	Donald M. Allison, E.	squire (Agne) eet, Súite 100		CEBERARY OF STA LLAHASSEE FLORE	MAR 30 PHI	

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.

(Mighalure)

\$ 100.00 Filling Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "U.S. IMMIGRATION FUND, 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 SIXTEENTH DAY OF JANUARY, A.D. 2015.

5189171 8300

150060504

AUTHENTY CATION: 2046924

DATE: 01-16-15

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