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(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
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SECRETARY OF STATE OIVISION OF CORPORATIO

Q.4.2.15

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Alpha Plaza 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:
Deborah K. Antonelli
Name of Person
Saavedra Goodwin
Firm/Company
312 S.E. 17th Street, Second Floor
Address
Fort Lauderdale, FL 33316
City/State and Zip Code
dantonelli@saavlaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deborah Antonelli 954 767-6333
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsim \mathbb{\text{\$125.00 Filing Fee}} \mathbb{\text{\$\Bigsim}} \mathbb{\text{\$130.00 Filing Fee} & \Bigsim \mathbb{\text{\$\Bigsim}} \te



March 30, 2015

SAAVEDRA/GIIDWIN 312 SOUTHEAST 17TH STREET - 2ND FLOOR FORT LAUDERDALE, FL 33316

SUBJECT: ALPHA PLAZA INVESTMENTS, LLC

Ref. Number: W15000021782

We have received your document for ALPHA PLAZA INVESTMENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the usual business addresses of its managing members or managers.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The authorized person signing the document and the type/printed name is not the same.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 615A00006251

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

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY 1. Alpha Plaza investments, LLC	USINESS IN THE STATE OF FLORIDA:
(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 tran Liability Company," "L.I.C," or "LLC.")	•
2. New York 3.	11-3570986
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. As of date of authorization	
(Date first transacted business in Fl (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) S. to determine penalty liability)
₅ 2901 Gateway Drive	چ پېرې
Pompano Beach, Florida 33	069
6. Same	Address)
(Mailing	Address)
7. The name, title or capacity and address of the person	
Gerald Tucci, Manager	
2901 Gateway Drive	
Pompano Beach, Florida 33069	
(In accordance with section 605.0203, P.S., the execution of this document constitu	aw of which it is organized. (A photocopy is not ranslation of the certificate under oath of the translator authorized person utes an affirmation under the penalties of perjury that the facts stated herein are true.
am aware that any false information submitted in a discurrent to the Department of Gerald Tucci	State constitutes a third degree felony as provided for in \$.\$17.155, P.S.)

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.

	ne of the Limited Liability Company is: Plaza Investments,LLC	
If unavailable	ble, the alternate to be used in the state of Florida is:	
2. The name	ne and the Florida street address of the registered agent and office are	c
	Gerald Tucci	
	(Name)	TAM
	2901 Gateway Drive	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Pompano Beach FL 33069	
	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.

, ,

\$ 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 State of New York

I hereby certify, that ALPHA PLAZA INVESTMENTS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/26/2000, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 03rd day of March two thousand and fifteen.

Anthony Giardina

Outing Sicidina

Executive Deputy Secretary of State

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