M1500000ale16

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





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INFORMATION SERVICES

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2915 APR 23 PM 12: 26

HARRIS

COVER LETTER

_	on of Corporations
SUBJECT:	ALOMA SK, LLC
	Name of Limited Liability Company
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:
	Christie Dornier Name of Person
	Name of Person
	ALOMASK LLC DBA: Smoothing King Firm/Company
	10126 Springtree Ale Address
	Baton Rouge LA 10810 City State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further infor	rmation concerning this matter, please call:
_ <u>C</u>	Name of Contact Person at (225) Lo 15 - D9 84 Name of Contact Person Area Code Daytime Telephone Number
	ING ADDRESS: STREET ADDRESS:
	on of Corporations Division of Corporations ration Section Registration Section
-	ox 6327 Clifton Building
	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a	check for the following amount:
	5.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate Copy of Status & Certified Copy



April 3, 2015

CHRISTIE DORNIER 10126 SPRINGTREE AVE BATON ROUGE, LA 70810

SUBJECT: ALOMA SK, LLC Ref. Number: W15000023445

We have received your document for ALOMA SK, 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):

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 list the complete address of the registered agent.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 015A00006735

2015 APR 23 PM 12: 26

SECRETARY OF STATE
OF A PASSET FLORID



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2015

CHRISTIE DORNIER 10126 SPRINGTREE AVE BATON ROUGE, LA 70810

SUBJECT: ALOMA SK, LLC Ref. Number: W15000023445 15 APR 14 APTO: 00

SULTABLE OF CONTROLOGY
INFORMATION SESSIONS

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Jenna D Harris Regulatory Specialist II

Letter Number: 015A00006735

2815 APR 23 PM 12: 26

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	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If nar Liabil	me unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limility Company," "L.L.C," or "LLC.")	ited
2. (Jui	urisdiction under the law of which foreign limited liability ompany is organized) 3. (FEI number, if applicable)	
4	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5	Winter Park F2 32192 55 (Street Address of Principal Office)	S. J. S.
6. <u> </u>	Baton Parage LA 70810 Baton Parage LA 70810 (Mailing Address)	representation of the second o
7. 1	The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
	1012ce Springtree Ave.	
	10126 Springtree Ave. Batan Rovge, LA 70810	
havi acce	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offi ing custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not eptable. If the certificate is in a foreign language, a translation of the certificate under oath of the trans at be submitted)	
(In acc	Signature of an authorized person coordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herei ware 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.)	n are true. I
	Christie Dornier	
	Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

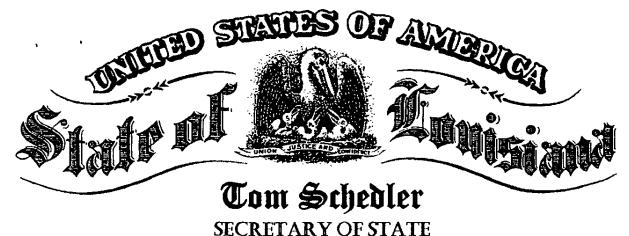
PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
ALOMA SK, LLC		_
If unavailable, the alternate to be used in the state of Florida is:		
MOMA LIC		-
2. The name and the Florida street address of the registered agent and office are:		
Christie Dornier	2015 APR 23	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	23 PH 12: 21	الله الله الله الله الله الله الله الله
WinterPark FL 32792	2: 26 02: 26	
City/State/Zip		
Having been named as registered agent and to accept service of process for the above	stated limited	

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)



As Secretary of State of the State of Louisiana, I do hereby Certify that

a copy of the Articles of Organization and Initial Report of

ALOMA SK LLC

Domiciled at BATON ROUGE, LOUISIANA,

Was filed and recorded in this Office on January 26, 2015,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 26, 2015

Certificate ID: 10565328#6QK73

To validate this certificate, visit the following web site, go to Business Services, Search for Louislana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
WEB 41762047K

Tom Schedier Secretary of State

State of Louisiana Secretary of State



COMMERCIAL DIVISION 225.925.4704

Fax Numbers 225.932.5317 (Admin. Services) 225.932.5314 (Corporations) 225.932.5318 (UCC)

Name

Type

City

Status

ALOMA SK LLC

Limited Liability Company

BATON ROUGE

Active

Business:

ALOMA SK LLC.

Charter Number:

41762047K

Registration Date:

State Of Origin:

1/26/2015

Domicile Address

10126 SPRINGTREE AVE. BATON ROUGE, LA 70810

Mailing Address

10126 SPRINGTREE AVE. BATON ROUGE, LA 70810

Status

Status:

Active

Annual Report Status: In Good Standing

File Date:

1/26/2015

Last Report Filed:

N/A

Type:

Limited Liability Company

Registered Agent(s)

Agent:

CHRISTIE DORNIER

Address 1:

10126 SPRINGTREE AVE. BATON ROUGE, LA 70810

City, State, Zip: Appointment

Date:

1/26/2015

Agent:

BARRY EDWARDS

Address 1:

22 SWAN ST

City, State, Zip:

NEW ORLEANS, LA 70124

Appointment Date:

1/26/2015

Officer(s)

Additional Officers: No

Officer:

GOLD SKY LLC

Title:

Manager

Address 1: 22 SWAN ST

City, State, Zip: BATON ROUGE, LA 70124

Amendments on File

No Amendments on file

Print