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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(City) Clate Lips with any
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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ORPORATE ACCESS, _	When you need ACCESS to the w	rorld 130
INC.	236 East 6th Avenue. Tallahassee, Florida 3 O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969	
	WALK IN	
	PICK UP: 4/30/5 Hu	Q
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FILING	Foreign LLC	
ALTERN (CORPORATE NAME	A TAX Asset Groupers #)	g, LLC
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SPECIAL INSTRUCTIONS:

ATAG GP, LLC (f/k/a Alterna Tax Asset Group, LLC)



Via Courier:

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Consent to use former name

Ladies and Gentlemen:

On the date hereof, ATAG GP, LLC, formerly known as Alterna Tax Asset Group, LLC, filed Articles of Amendment to Articles of Organization to change its name to ATAG GP, LLC. ATAG GP, LLC no longer will use the name Alterna Tax Asset Group, LLC.

One of ATAG GP, LLC's affiliates recently formed a Delaware limited liability company named "Alterna Tax Asset Group, LLC" ("ATAG DE"). ATAG DE would like to qualify to do business in Florida, and transact business in Florida using its name as registered in Delaware. ATAG DE's application to transact business in Florida is being filed with the Division of Corporations contemporaneously herewith.

ATAG GP, LLC hereby consents to the use of the name "Alterna Tax Asset Group, LLC" by ATAG DE, in accordance with ATAG DE's application to transact business in Florida filed with the Division of Corporations contemporaneously herewith.

Very truly yours, ATAG GP, LLC

By: FRIEDMAN FINANCIAL LLC, its Manager

By:

Albert Friedman, its Manager

COVER LETTER

TO: **Registration Section Division of Corporations**

Alterna Tax Asset Group, 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 ma	tter to the fo	ollowing:		
Brad West				
	Nam	ne of Person		
West PLC				
	Firm	ı/Company		
174 W Comstoo	k Ave	e, Suite 1	05	
	1	Address		
Winter Park, FL	3278	19		
	City/Stat	e and Zip Code		
afriedman@alte	rnaca	p.com		
E-mail address:	(to be used fo	or future annual repor	t notificati	on)
For further information concerning this matter, please	se call:			
Brad West		407	579-	5459
Name of Contact Person		Area Code		me Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	:	
Enclosed is a check for the following amount ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Certificate of	g Fee &	□ \$155,00 Filing F	Fee &	■ \$160.00 Filing Fee, Certificate

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 LIARILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

1. Alterna Tax Asset Group, 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 Liability Company," "L.L.C," or "LLC.")	e must include "Limited
2. Delaware 3. Applied for	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)	e)
4. n/a - has not transacted business in FL prior to date of fil	ing
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1801 South Federal Hwy, 2nd Floor	
Boca Raton, FL 33432	THE RPR 30
(Street Address of Principal Office)	50 5
_{6.} 1801 South Federal Hwy, 2nd Floor	# W T
Boca Raton, FL 33432	THO R
(Mailing Address)	70 :
7. The name, title or capacity and address of the person(s) who has/have authority to man	age is/are. 52
Albert Friedman, Manager (same address as above)	
Robert Konrad, Manager (same address as above)	
8. Attached is an original certificate of existence, no more than 90 days old, duly authentic having custody of records in the jurisdiction under the law of which it is organized. (A phoacceptable. If the certificate is in a foreign language, a translation of the certificate under o must be submitted)	otocopy is not
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 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for	it the facts stated herein are true. for in s.817.155, F.S.)
Albert Friedman	
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.

	f the Limited Liability Fax Asset Gro	• •	
If unavailable,	the alternate to be used	in the state of Florida is:	
2. The name at	nd the Florida street ad	dress of the registered agent and office are:	20.45
	Albert Friedr	man	2016 PR 30
		(Name)	- 1 Se 155
	1801 South	Federal Hwy, 2nd Floor	一篇 主
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)	1:52
	Boca Raton	33432 FL	Er V
		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.

Ollet Tiatre

\$ 100.00 Filing 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 "ALTERNA TAX ASSET GROUP, 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 TWENTY-FIRST DAY OF APRIL, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTERNA TAX

ASSET GROUP, LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
NOT BEEN ASSESSED TO DATE.

5732000 8300

150538503

AUTHENT CATION: 2307355

DATE: 04-21-15

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