Division of Corporations Electronic Filing Cover Sheet

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(((H15000138208 3)))



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Division of Corporations

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From:

Account Name : SPIEGEL & UTRERA, P.A.

Account Number : FCA000000001

: (305)854-6000

Phone Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email Address:

Foreign Limited Liability Company ALEXANDER LLOYD, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
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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

| F | OREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | | | | |
|----------------|--|-------------|--|--|--|
| 1 | ALEXANDER LLOYD, LLC | | | | |
| | (Name of Foreign Limited Liability Company; must include "Limited Lanbility Company," "L.L.C.," or "L.L.C.") | | | | |
| /1+ | f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lim | frad | | | |
| Lic | inhility Company," "L.L.C." or "LLC") | itea | | | |
| 4 | DELAWARE 3 NOT AVAILABLE | | | | |
| Ī | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | | | | |
| 4 | UPON FILING | | | | |
| ,, | (Outc first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) | | | | |
| 5 . | 1351 SW 23rd Street | | | | |
| | Miami, Florida 33145 | | | | |
| | (Street Address of Principal Office) | | | | |
| 6. | 1351 SW 23rd Street | | | | |
| | Miami, FL 33145 | | | | |
| | (Mailing Address) | | | | |
| 7. | The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: | | | | |
| | Baetano Razzieri, Manager - 1351 SW 23rd Street, Miami, FL 33145 | ٠, | | | |
| _ | paetario reazzieri, mariager = 100 i 000 zord Otreet, Miarri, FE 303 140 | •• | | | |
| | | | | | |
| · | | Ĺ. | | | |
| | | , | | | |
| 3 . , | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offic | ial | | | |
| ıav | ving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not | | | | |
| | ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the oath of the certificate under oath of the certificate under oath of the certificate under oath oath oath oath oath oath oath oath | ator | | | |
| 11/1 | asi de sabinited) | | | | |
| | | | | | |
| | Signature of an authorized person | | | | |
| in ac m ar | accordance with specion 605,0203. F.S., the execution of this document constitutes on affirmation under the penalties of penury that the facts stated herein aware that any false unformation submitted in a document to the Department of State Ponstitutes a third degree follows as provided for in \$,817,155, F.S.) | are true. I | | | |
| | Gaetano Razzieri, Manager | | | | |
| | Typed or printed name of signee | | | | |

H150001382083

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

| STATUTES, T | THE UNDERSIGNED LI | F SECTION 605.0113 or 605.0902 (1)(d), FLO MITED LIABILITY COMPANY SUBMITS T GNATE A REGISTERED OFFICE AND REG | HE |
|--|---|---|---|
| | of the Limited Liability Co | • - | |
| If unavailable. | the alternate to be used in | n the state of Florida is: | |
| 2. The name a | and the Florida street addr | ess of the registered agent and office are: | |
| | SPIEGEL & L | JTRERA, P.A. | |
| | | (Name) | • |
| | 1840 SW 22n | nd Street, 4th Floor | |
| | Florida Street | Address (P.O. Box NOT ACCEPTABLE) | - |
| | Miami | F]_ 33145 City/State/Zip | 15 JUN - |
| liability compa registered ager statutes relatin | any at the place designated nt and agree to act in this c ng to the proper and comple | and to accept service of process for the above so in this certificate, I hereby accept the appointment appacity. I further agree to comply with the process performance of my duties, and I am familiate existered agent as provided for in Chapter 605, P.A. PATITUDE DATITUD UTTERA, UTCE. PRETAR Signature) | nent as ovisions of all- r with and over significant |
| | \$ 25. | | |

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

3058573700

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The First State

I. JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "ALEXANDER LLOYD, 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 TRING DAY OF JUNE, A.D. 2015.

5706583 8300

150875776

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DATE: 06-03-15