

M16000000151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

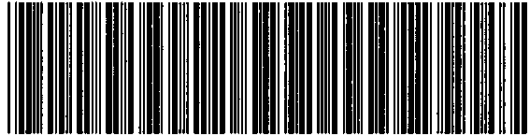
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 07 2016
J. HARRIS

18868-5710

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CORSICANA ALLIANCE LLC, a Delaware Limited Liability Company

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:

PATRICIA MENENDEZ

Name of Person

RICHARDS & ASSOCIATES, P.A.

Firm/Company

2665 SOUTH BAYSHORE, SUITE 703

Address

MIAMI, FL 33133

City/State and Zip Code

pmenendez@richards-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA MENENDEZ

305

858-9900

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$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



PM 12:41

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2015

PATRICIA MENENDEZ
RICHARDS & ASSOCIATES, P.A.
2665 SOUTH BAYSHORE, SUITE 703
MIAMI, FL 33133

SUBJECT: CORSICANA ALLIANCE LLC
Ref. Number: W15000082881

2016 JAN - 6 PM 3:32
TALLAHASSEE FLORIDA

We have received your document for CORSICANA ALLIANCE LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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 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: 915A00027119

**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. CORSICANA ALLIANCE LLC, A DELAWARE LIMITED LIABILITY COMPANY

(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 must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company 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. _____

2665 SOUTH BAYSHORE DRIVE, SUITE 703, MIAMI, FL 33133

(Street Address of Principal Office)

6. _____

2665 SOUTH BAYSHORE DRIVE, SUITE 703, MIAMI, FL 33133

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: WORLD CORPORATE SERVICES INC

Office Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 703

MIAMI, Florida 33133
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Timothy D. Richards
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

TIMOTHY D. RICHARDS, MANAGER

2665 SOUTH BAYSHORE DRIVE, SUITE 703

MIAMI, FL 33133

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Timothy D. Richards
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware 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.

Timothy D. Richards
Typed or printed name of signee

FILED
2018 JAN -6 PM 3:32
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORNICANA ALLIANCE 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 FIFTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORNICANA ALLIANCE LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5643136 8300

SR# 20160036701

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201613272

Date: 01-05-16