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SECRETARY OF STATE
AND A HASSET FLORIDA

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COVER LETTER

Divis	ion of Corporation	ns						
UBJECT:	Four Alliance LLC							
_	Name of Limited Liability Company							
						ansact Business in Florida," y company to transact busine		
lease return a	all correspondence	concerning this matter to the	followi	ng:				
	Emerson Vieir	a Reis						
		N	ame of	erson .				
	4Four Alliance	LLC						
	Firm/Company ·							
	1055 W 7th Str	reet - Floor 33 - Suite 25						
			Addre	ess				
	Los Angeles, C	CA 90017						
		City/S	tate and	Zip Code				
	emerson@emers	sonreis.net						
		E-mail address: (to be use	d for fut	ure annual	report no	tification)		
or further info	ormation concernin	ig this matter, please call:						
Emer	rson Vieira Reis		at (858)	866-6696		
	Name o	of Contact Person		Area Code	Day	ytime Telephone Number		
Divis Regis P.O. I	LING ADDRESS; ion of Corporations stration Section Box 6327 hassee, FL 32314	i. S			Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301		
	theck for the follow 25.00 Filing Fec	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status		55.00 Filir fied Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop.		



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 18, 2016

EMERSON VIEIRA REIS 1055 W 7TH STREET, FLOOR 33, SUITE 25 LOS ANGELES, CA 90017

SUBJECT: 4FOUR ALLIANCE LLC Ref. Number: W16000012248

2016 HAR - 3 PM 4: 06

SECRETARY BY JATE
JALLARIAS SEE FLORIDS

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We have received your document for 4FOUR 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: 616A00003402

16 MAR -3 PH 4: 42
SECRETARY OF STATE
TALL ANASSES FOR STATE

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:

, 4Four Alliance LLC			
(Name of Fore	ign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "LLC.	")
4Four Alliance (FL) LLC			
Liability Company," "L.L.C,"		ing business in Florida. The alternate name must	t include "Limited
2. Delaware	3		
company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. N/A	(Date first transacted business in Florida	if prior to registration	
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t	o determine penalty liability)	
5. 1201 Orange Street - S	uite 600		
Wilmington, DE 19801			i se to
1055 W 7sh Common Flo	(Street Address of Principal Off	lice)	
6. 1055 W 7th Street - Flo	or 33 - Suite 23		是 第
Los Angeles, CA 90017	7		
·	(Mailing Address)		A company
7. Name and street address	s of Florida registered agent: (P.O. Box No.	OT_acceptable)	
Name:	Annelore Reisewitz		STATE STATE
Office Address:	2800 N Ocean Drive - A12B		TE A
	Riviera Beach	Florida 33404	
	(City)	(Zip code)	
designated in this applicat to complywith the provision	gistered agent and to accept service of proc ion, I hereby accept the appointment as re	cess for the above stated limited liability co gistered agent and agree to act in this capa I complete performance of my duties, and	acity. I further agree
	(Registered agent's	signature)	
8. The name, title or capa	city and address of the person(s) who has/ha	ave authority to manage is/are:	
Emerson Vieira Reis, Pres	ident	, -	
1055 W 7th Street - Floor	33 - Suite 25		
Los Angeles, CA 90017			<u></u>
	of which it is organized. (If the certificate is	y authenticated by the official having custod in a foreign language, a translation of the control person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b) the Department of State constitutes a third of), Florida Statutes. I am aware that any false degree felony as provided for in s.817.155, I	information F.S.
	Emerson Vieira Reis		
	Typed or printed name	of signee	

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "4FOUR 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 TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "4FOUR ALLIANCE LLC" WAS FORMED ON THE SIXTH DAY OF MAY, A.D. 2015.

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

Authentication: 201897141

Date: 02-26-16

5741771 8300 SR# 20161237895

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