

From: M/6000002352 3/21/2016 15:35 #385 P.001/001
Division of Corporations Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : 120000000089
Phone : (800) 221-0102
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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
ALLIED PARTNERS MIAMI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2016 MAR 21 PM 3:29

ALLIED PARTNERS MIAMI LLC

K. SALY
EXAMINER

MAR 22

From:

03/21/2016 15:33 #365 P.002/004

850-617-6381

3/21/2016 8:52:44 AM PAGE 1/001 Fax Server



March 21, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NATIONAL CORPORATE RESEARCH INC

SUBJECT: ALLIED PARTNERS MIAMI LLC
REF: W16000020735

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

FAX Aud. #: H16000069393
Letter Number: 916A00005668

From:

03/21/2016 15:33

#365 P.003/004

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. Allied Partners Miami 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 must include "limited liability company," "L.L.C.," or "LLC.")

2. DE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 455 Ocean Drive
Miami, FL 33139
(Street Address of Principal Office)

6. 770 Lexington Ave, 17th Fl.
New York, NY 10065
(Mailing Address)

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

Name: National Corporate Research, Ltd., Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee

Florida 32301

(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.

[Signature] Eric Hador - Secretary America
(Registered agent's signature)

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

Eric Hador - Manager, 770 Lexington Ave, 17th Fl., NY, NY 10065
Benjamin Hagensberg - Secretary, 770 Lexington Ave, 17th Fl., NY, NY 10065
Harold Slavin - Authorized Representative, 770 Lexington Ave, 17th Fl., NY, NY 10065
Caroline Lagan - Authorized Representative, 770 Lexington Ave, 17th Fl., NY, NY 10065

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)

[Signature]
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.

Eric D. Hador
Typed or printed name of signer

FILED
2016 MAR 21 PM 6:31
CLERK OF THE COURT
ALL SHASSETT COUNTY

From:

03/21/2016 15:33

#365 P.004/004

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIED PARTNERS MIAMI 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 EIGHTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLIED PARTNERS MIAMI LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2016.

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

FILED
2016 MAR 21 AM 8:32
OFFICE OF THE
CLERK OF THE
DELAWARE COURT



5991817 8300

SR# 20161727852

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

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

Authentication: 202004802

Date: 03-18-16