11600003000

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL							
(City/State/Zip/Phone #)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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K.S.Y EXAMINER APR 12

CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 097611 7833946

AUTHORIZATION : Spelle ble man

COST LIMIT : (\$\frac{1}{2}5.00

ORDER DATE: April 11, 2016

ORDER TIME : 2:52 PM

ORDER NO. : 097611-005

CUSTOMER NO: 7833946

FOREIGN FILINGS

NAME: ALJ SP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

то:		ation Section n of Corporation	35							
SUBJ		J SP, LLC								
		-	Name of I	Limited Liability (Company					
						nsact Business in Florida," Certificate of company to transact business in Florid				
Please	return all	correspondence c	concerning this matter to the	following:						
		Camilo Miguel, Jr.								
		Name of Person								
		ALJ MGR, LLC								
		Firm/Company								
		119 Washington Avenue, Suite 505								
		Address								
		Miami Beach, FL 33139								
		City/State and Zip Code								
	cmigueljr@yahoo.com									
	•	E-mail address: (to be used for future annual report notification)								
For fu	rther infor	mation concernin	g this matter, please call:							
	Camilo Miguel, Jr.			305 at (531-242	26				
	Name of Contact Person			Area Code	Day	time 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							
Enclos		eck for the follow .00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy				

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:

, ALJ SP, LLC					
1.	ign Limited Liability Con	npany; must include	"Limited Liab	ility Company," "L.L.C.," or	LLC.")
Liability Company," "L.L.C,"		the purpose of transa	acting business	in Florida. The alternate nam	e must include "Limited
2. Delaware		3		.ndf I .a	
(Jurisdiction under the law company is organized)	of which foreign limited l	iability		(FEI number, if applicable)	
4	(Date first transac	cted business in Flor	ida, if prior to	registration.)	
5 119 Washington Avenu	(Date first transac (See sections 605.09 de, Suite 505	904 & 605.0905, F.S	S. to determine	penalty liability)	
Miami Beach, FL 3313					2016 48 11 32
		Address of Principal (Office)		
6. 119 Washington Avenu			,		The second secon
Miami Beach, FL 3313					
Miami Beach, FL 331.		(Mailing Address)			
7. Name and street_addres	s of Florida registered a	agent (P.O. Box	NOT accents	hle)	8.05
Name:	Corporation Service (_	<u></u>		05
Office Address:	1201 Hays Street			•	
Office / fadicay.	Tallahassee			32301	
		(City)		, Florida 32301 (Zip code)	•
Registered agent's accept	tance:	(3.5)		(2.5 0000)	
designated in this applicat	tion, I hereby accept the ons of all statutes relati	ie appointment as ive to the proper a	registered ag	performance of my duties, Melissa Zen	's capacity. I further agree , and I am familiar with an ider
		(Registered agen	it's signature)	Asst. Vice Pres	sident
8. The name, title or capa ALJ MGR, LLC, Manage	•	person(s) who has	s/have authori	ty to manage is/are:	
119 Washington Avenue,	Suite 505				
Miami Beach, FL 33139			15111 11 1		
	of which it is organized abmitted)	I. (If the certificate	is in a foreig	ated by the official having on language, a translation of	
		Signature of an auti	horized person	ме - — — — — — — — — — — — — — — — — — —	•
				tatutes. I am aware that any ny as provided for in s.817.	
	Camilo Miguel, Jr., V		_	•	

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALJ SP, 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 ELEVENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALJ SP, LLC" WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2013.

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

2016 APR 11 AM 8: 05



5377625 8300

SR# 20162205569

Authentication: 202125093

Date: 04-11-16

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