

(Requestor's Name)					
(Re	questors Name)				
(Address)					
(Address)					
— (Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Ви	siness Enuty Nan	ile)			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer	1			
Special Instructions to Filing Officer:					





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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ALA Services LLC	
оов.	Name of Limited Liability Company	
	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certence, and check are submitted to register the above referenced foreign limited liability company to transact business in	
Please	e return all correspondence concerning this matter to the following:	
	F. Joseph McMackin III	
	Name of Person	
	ALA Services LLC	
	Firm/Company	
	704 Goodlette Road North	
	Address	
	Naples, Florida 34102	
	City/State and Zip Code	
	joe.mcmackin@alanaples.com	
For fu	E-mail address: (to be used for future annual report notification)	
	F. Joseph McMackin III 239 228-4554	<b>5</b>
	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	
Enclos	sed is a check for the following amount:  1 \$125.00 Filing Fee \$ \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Conv.  1 \$125.00 Filing Fee & \$160.00 Filing Fee, Certified Conv.  1 \$160.00 Filing Fee, Certified Conv.  1 \$160.00 Filing Fee, Certified Conv.	icate

## 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:

(Name of Fore	ign Limited Liability Company; must include "Limited Lia	bility Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of transacting busines	ss in Florida. The alternate r	name must include "Limited
2. Delaware	3. 02-0737390		
	of which foreign limited liability	(FEI number, if applicab	ole)
4. May 1, 2015			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determin		<del></del>
5. 704 Goodlette Road No			
Naples, Florida 34102			
704 Goodlette Road No	(Street Address of Principal Office)	***	<del></del>
·	/A VAI		<del></del>
Naples, Florida 34102	(Mailing Address)		
7 Name and street addres	s of Florida registered agent: (P.O. Box NOT accept	table)	
Name:	F. Joseph McMackin III		
Office Address:	704 Goodlette Road North	<del></del>	
Office Address:	Naples	, Florida <sup>34102</sup>	
	(City)	(Zip code)	<del></del>
designated in this applicate to complywith the provision	gistered agent and to accept service of process for the tion, I hereby accept the appointment as registered a ons of all statutes relative to the proper and complete my position as registered agents.	igent and agree to act in	this capacity. I further agree
	(Registered agent's signature)	C)	700 No. 100 No
8. The name, title or capa	acity and address of the person(s) who has/have author	• • •	
Arthur Allen, Member, 70	4 Goodlette Road North, Naples, Florida 34102		<u> </u>
	of existence, no more than 90 days old, duly authentic of which it is organized. (If the certificate is in a foreign abmitted)  Signature of an authorized perso	gn language, a listostation	

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.

F.Joseph McMackin III

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "ALA SERVICES LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR

AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO

TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TENTH DAY OF JUNE, A.D. 2004, AT 11:57 O'CLOCK A.M.

CERTIFICATE OF REVIVAL, FILED THE FIFTH DAY OF DECEMBER, A.D. 2011, AT 3:09 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "ALA SERVICES LLC".

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

Authentication: 202193131

Date: 04-21-16

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SR# 20162472887