

M16000007145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 SEP -6 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Allstate Administrators LLC
462 Ocean Parkway
Brooklyn NY 11218**

August 31, 2016

Attn: Tanisha Washington

Dear Madam:

I have previously submitted this application with a payment for processing. Please note, as per your instructions, I have added the title of the authorized individual. Please process this application as soon as possible.

Thank you,

Tammy Alonso

2016 SEP -6 PM 4:22
ALLAHASSEE, FLORIDA

TN

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Allstate Administrators 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. NY

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 26-4804002

(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. 462 Ocean Pkwy

Brooklyn NY 11218

(Street Address of Principal Office)

6. 462 Ocean Pkwy

Brooklyn NY 11218

(Mailing Address)

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

Name: Christopher Mariani

Office Address: 55 NE 5th Avenue, Suite 502

Boca Raton

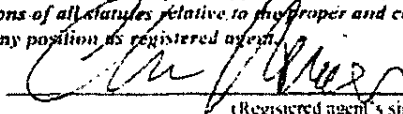
Florida 33432

(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, the person
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.



(Registered agent's signature)

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

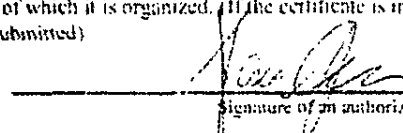
Samuel Schlesinger

President

462 Ocean Pkwy

Brooklyn NY 11218

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 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.

Samuel Schlesinger

Typed or printed name of signer

FILED
16 SEP -6 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

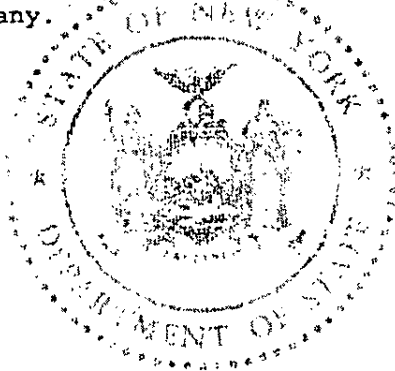
I hereby certify, that ALLSTATE ADMINISTRATORS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/04/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of ALLSTATE ADMINISTRATORS LLC was filed on 09/01/2009.

A Biennial Statement was filed 05/19/2011.

A Biennial Statement was filed 06/24/2016.

I further certify, that no other documents have been filed by such Limited Liability Company.



FILED
16 SEP -6 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 29th day of June 2020
thousand and sixteen.

Anthony Scardino

Executive Deputy Secretary of State

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Allstate Administrators LLC

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:

Tammy Alonso

Name of Person

Allstate Administrators LLC

Firm/Company

462 Ocean Pkwy

Address

Brooklyn NY 11218

City/State and Zip Code

talonso@allstateaso.com

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

For further information concerning this matter, please call:

Tammy Alonso

718

569-6670

Name of Contact Person

at (_____) _____
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