

M160000008384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

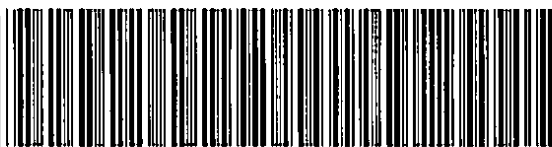
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000300835880

07/03/17--01004--025 \*\*25.00

FILED  
17 JUL 26 PM 1:15  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

D. SCOTT

AUG 1 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2017

JOEL STEIN  
4109 N FEDERAL HWY  
FORT LAUDERDALE, FL 33308

SUBJECT: ALAKA'I MANAGEMENT, LLC  
Ref. Number: M16000008384

We have received your document for ALAKA'I MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

~~The form you submitted~~ is for a FL LLC, but ~~your entity~~ is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with 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.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 817A00013638

RECEIVED  
2017 JUL 26 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Thank you*

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17 JUL 26 PM 1:15  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALAKA'I MANAGEMENT, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOEL STEIN, MGR

Name of Person

ALAKA'I MANAGEMENT, LLC

Firm/Company

4109 N. FEDERAL HWY

Address

FT. LAUDERDALE, FL 33308

City/State and Zip Code

COMMDOC@AOL.COM

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

For further information concerning this matter, please call:

JOEL STEIN

Name of Person

at (954)

Area Code

563-2707

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

ALREADY SUBMITTED

FILED  
JUL 26 PM 1:15  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ALASKA 'I MANAGEMENT, LLC

Enter new principal office address, if applicable: 1231 W. NORTHERN LIGHTS BLVD

(Principal office address  
MUST BE A STREET ADDRESS)

#911

ANCHORAGE, AK 99503

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

4109 N. FEDERAL HWY

FT. LAUDERDALE, FL 33308

2. The Florida document number of this limited liability company is: M16000008384

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: 10/18/2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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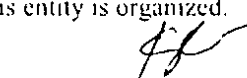
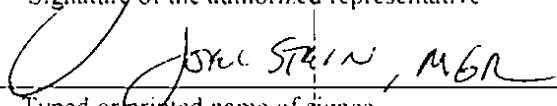
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROSA STEIN	4109 N. HODMAN AVE FT. LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative  
  
  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00