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COVER LETTER

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			Limited Liability	Company		
				ration to Transact Business in Florida," Ce tited liability company to transact business		
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	Gary A. Forste	r, Esq.				
		· N	ame of Person			
	Forster Bought	nan & Lefkowitz				
	Firm/Company					
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	Address					
	Maitland, FL 3	2751				
		City/S	tate and Zip Code	ين ايت	⇉	
	sean@abacussett				5 T	
-		E-mail address: (to be use	d for future annua	report notification)		
For further inferr	nation concerning	g this matter, please call:		1955 1957 1957	11 ED 11: 04	
Gary A	. Forster, Esq.		407 ar (255-2055	き	
	Name o	f Contact Person	Area Code	Daytime Telephone Number	0	
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		तः ः		
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H120000132463

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

IN COMPLIANCE WITH SECTION 603.0802, FLORIDA STATUTES THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Abacus Alternative As			AT T O W
(Name of For	reign Limited Liability Company; must inch	ude "Limited Lieb:lity Company," "LLC.," or	"LLC.")
(If name unavailable, enter a		aneaeting business in Florida. The alternate narr	ne must include "Limited
2. Delaware		81-4450592	
	of which foreign limited liability	(FEI number, if applicable)	<u> </u>
4.			
·	(Date first transacted business in F (See sections 505.0904 & 605.0905,	Florida, if poior to registration.) F.S. to determine panelty liability)	•
5. 2101 Park Center Driv	ve, Suite 220	·	•
Orlando, FL 32835		,	•
	(Street Address of Princip	al Office)	· 100 =
2101 Park Center Driv	e, Suite 220		. 智思
Orland, FL 32835		·	经复型
	(Mailing Addres	s) .	を
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)	Will W
Name:	Sean McNealy		
Office Address:	2101 Park Center Drive, Suite 220		
	Orlando	, Florida 32835	
	(City)	(Zip code)	
lesignated in this applica o complywith the provision	tion, I hereby Accept the appointment ons of all statutes relative to the proper my position as registered agent.	process for the above stated limited liabil, as registered agent and agree to act in this r and complete performance of my duties,	s capacity. I further agree
	(Registered ag	cent's signature)	
I. The name, title or capa	icity and address of the person(s) who h	as/have authority to manage is/are:	
sean McNealy, Manager			·
2101 Park Center Drive, S	iuite 220	,	
Orlando, FL 32835			
	of which it is organized. (If the certificat	duly authenticated by the official baving on the is in a foreign language, a translation of	
	Signature of an au	urhanized nercon	
<i>y</i>		-	
) (b), Florida Statutes, I am aware that any ind degree felony as provided for in s.817.1	
	Sean McNealy		
	Typed or printed o	name of signes	

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "ABACUS ALTERNATIVE ASSETS, 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 JANUARY, A.D. 2017.

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



6217266 8300

SR# 20170166549
You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Budlish, Secretary of State

Authentication: 201852810

Date: 01-11-17