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| (Requestor's Name) | - | | | | | | | |
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| | | | | | | | | |
| (Address) | | | | | | | | |
| (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: | | | | | | | | |
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MAY 0 , 2025 J SHIVERS

COVER LETTER

| | Registration Section Division of Corporat | ions | | | | | | |
|--|---|---|--|--|---|--------------------|--|--|
| SUBJEC | ALPORT Capital | , LLC | | | , | | | |
| Name of Limited Liability Company | | | | | | | | |
| The enclo Existence | sed "Application by and check are subm | Foreign Limited Liability Compited to register the above refere | oany for Authoriza enced foreign limit | tion to Tra ed liability | unsact Business in Florida," Certifi y company to transact business in l | cate of Florida | | |
| Please ret | urn all correspondence | ce concerning this matter to the | following: | | | | | |
| | Claudio R. A | Alvarez | | | | | | |
| Name of Person | | | | | | | | |
| | ALPORT Ca | apital, LLC | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | Address | | | | | |
| Miami, FL 33135 | | | | | | | | |
| | | City/S | tate and Zip Code | | | | | |
| | jennifer@mat | usalem.com | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | | |
| For furthe | er information concer | ning this matter, please call: | | | | | | |
| | Jennifer Gonzalez | | 305 at (| | 55 ext 317 | | | |
| • | Nam | e of Contact Person | Area Code | Day | rtime Telephone Number | | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section duilding ecutive Center Circle see, FL 32301 | | | | |
| | is a check for the fol ■ \$125.00 Filing Fee | | ☐ \$155.00 Filir Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Certifica of Status & Certified Copy | te | | |



March 24, 2017

CLAUDIO R ALVAREZ 1205 SW 37TH AVENUE, THIRD FLOOR MIAMI, FL 33135

SUBJECT: ALPORT CAPITAL LLC Ref. Number: W17000019413

We have received your document for ALPORT CAPITAL LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00005713



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2017

CLAUDIO R ALVAREZ 1205 SW 37TH AVENUE, THIRD FLOOR MIAMI, FL 33135

SUBJECT: ALPORT CAPITAL LLC Ref. Number: W17000019413

We have received your document for ALPORT CAPITAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 917A00004468

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:

| 1. ALPORT CAPITAL LI (Name of Fore | | ude "Limited Liability Company," "L.L.C.," or | "LLC.") | | - |
|---|--|---|------------------------------|--------------------|-----------------------------|
| 76 | 1 4 1 6 A | dia basin se in Elevido The observes | a must inclu | do "I in | nited |
| (If name unavailable, enter all Liability Company," "L.L.C," | | ansacting business in Florida. The alternate name | ie must metu | de Lin | шеа |
| 2. DELAWARE | 3 | 81-5297197 | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | | | - |
| 4. Upon Registration | | | _ | | |
| | (Date first transacted business in F (See sections 605.0904 & 605.0905, | Florida, if prior to registration.) F.S. to determine penalty liability) | | | |
| 5. 1205 S.W. 37 AVENU | , | | <u>-</u> | | |
| MIAMI, FL 33135 | | | 200 | | |
| | (Street Address of Princip | pal Office) | - <u>5</u> 55 | = | |
| 6. SAME AS ABOVE | <u> </u> | ₩ | 3.1 | | |
| 0 | | | - SS | 1 | es security The security |
| | | | - 55 | ; >> | ्रे इस्स्मृत्यु |
| | (Mailing Addres | 58) | | * | E E E |
| 7. Name and street address | ss of Florida registered agent: (P.O. Bo | ox NOT acceptable) | 9 | 7: | f-Legis de |
| Name: | Claudio R.Alvarez | | | Ö. | |
| Office Address: | 1205 S.W. 37 AVENUE, THIRD FL | OOR | | | |
| | MIAMI | Florida 33135 | | | |
| | (City) | , Florida 33135 (Zip code) | _ | | |
| designated in this applicate to complywith the provision | gistered agent and to accept service of tion, I hereby accept the appointment | f process for the above stated limited liabi as registered agent and agree to act in thi ar and complete performance of my duties | is capacity. | I furti | her agree |
| | Ву: | <i>/ / / / / / / / / /</i> | | | |
| | (Registered a | gent's signature) | - | | |
| 8. The name, title or capa | acity and address of the person(s) who | has/have authority to manage is/are: | | | |
| Claudio R. Alvarez, Mana | aging Director, 1205 S.W. 37 AVENU | E, THIRD FLOOR, MIAMI, FL 33135 | | | |
| Nicolas R. Alvarez, Man | aging Director, 1205 S.W. 37 AVENU | E, THIRD FLOOR, MIAMI, FL 33135 | | | |
| Jorge Portela, Managing | Director, 1205 S.W. 37 AVENUE, TH | HIRD FLOOR, MIAMI, FL 33135 | | | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be s | of which it is organized. (If the certific | i, duly authenticated by the official having ate is in a foreign language, a translation of | custody of f the certific | records cate un | in the der oath |
| | | | | | |
| | Signature of an | authorized person | _ | | |
| | | (1) (b), Florida Statutes. I am aware that any third degree felony as provided for in s.817 | | mation | |
| one in a governous w | Claudio R. Alvarez, Managing Direc | - ' | | | |

Typed or printed name of signee

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ALPORT CAPITAL 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 TWENTY-FIRST DAY OF APRIL, A.D. 2017.

Authentication: 202415862

Date: 04-21-17

6297450 8300

SR# 20172688064
You may verify this certificate online at corp.delaware.gov/authver.shtml