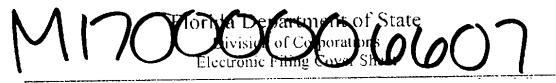
6/3/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002041593)))



H170002041593ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

: (614)280-3338

Phone Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	Address.				
Eman I	BUULLESS.		 	 	

Foreign Limited Liability Company EQUIALT HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

. 1 /

COVER LETTER,

O :	Registration Section Division of Corporations							
110 HZ	EquiAlt Holdings LLC							
UBJEC	Name of Limited Liability Company							
he encl	ised "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cer , and check are submitted to register the above referenced foreign limited liability company to transact business i	rtificate c in Florid						
lease re	urn all correspondence concerning this matter to the following:							
	Gidalthy Rodriguez							
	Name of Person							
	DLA Piper LLP (US)							
	Firm/Company							
	200 South Biscayne Boulevard Suite 2500							
	Address							
	Miami, Florida 33131							
	City/State and Zip Code							
	brian@equialt.com							
	E-mail address: (to be used for future annual report notification)							
For fur	er information concerning this matter, please call:							
	Brian Davison 702 575-8166							
	Name of Contact Person Area Code Daytime Telephone Number							
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTullahassee, FL 32301							
Enclos	d is a check for the following amount: \$\Boxed{\text{S125.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} \& \Boxed{\text{S155.00 Filing Fee}} \& \Boxed{\text{S155.00 Filing Fee}} \& \Boxed{\text{S160.00 Filing Fee}} \& \Certified Copy \\ \end{\text{Certified Copy}} \] \$\Boxed{\text{S160.00 Filing Fee}} \& \Certified Copy \\ \end{\text{Of Status & Certified Copy}} \end{\text{S160.00 Filing Fee}} \& \Boxed{\text{Certified Copy}} \]	ificate						

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: EquiAlt Holdings LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.") (If manie utravailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Erability Company," "L.L.C." or "LLC.") 82-2153174 Delaware (PEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Finrida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 720 East Henderson Ave, Tampa, Florida 33602 720 East Henderson Ave, Tampa, Florida 33602 (Mailing Address) (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Brian Davison Name: 720 East Henderson Ave Office Address: , Florida 33602 Tampa, Florida (Chy) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place 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. /s/ Brian Davison (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Brian Davison Manager 720 East Henderson Ave Tampa, Florida 33602 (Use attachments if necessary) 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) 10. 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. /s/ Brian Davison Signature of an authorized person

typed or printed name of signee

Brian Davison



Page 1

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

DELAWARE, DO HEREBY CERTIFY "EQUIALT HOLDINGS 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 THIRD DAY OF AUGUST, A.D. 2017.

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

6453448 8300

SR# 20175561045

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

Authentication: 202999172

Date: 08-03-17