(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Sullivan Alterna	tive Holdings, LLC					
SUBJECT:		Name of	Limited Liability C	Company			
		reign Limited Liability Comp ed to register the above refer					
Please return	all correspondence	concerning this matter to the	following:				
	Donna Colavit	0					
		N	ame of Person				
	Granite Associ	ates, LP					
	Firm/Company						
	225 Banyan Boulevard, Suite 130						
	Address						
	City/State and Zip Code						
	dcolavito@grans	itelp.com					
		E-mail address: (to be use	d for future annual	report no	tification)		
For further in	formation concernir	g this matter, please call:					
Don	ana Colavito		239 at (228-65	00		
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number		
Divi: Regi P.O.	ILING ADDRESS: sion of Corporation: istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
	check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavaitable, enter atternate name adopted for the purpose of transacting basiness in Florida. The alternate name must include "Limited Liability Company," "L.L.C. 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 225 Banyan Boulevard, Suite 130 (Street Address of Principal Office) Naples, FL 34102 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI mamber, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 225 Banyan Boulevard, Suite 130 (Street Address of Frincipal Office) Naples, FL 34102 Naples, FL 34102	
4. (Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 225 Banyan Boulevard, Suite 130 (Street Address of Principal Office) Naples, FL 34102 (Mailing Address) Naples, FL 34102	
(See acctions 605.0904 & 605.0905, F.S. to determine penalty liability) 5	
(See acctions 605.0904 & 605.0905, F.S. to determine penalty liability) 5	
(Street Address of Principal Office) (Mailing Address) Naples, FL 34102 Nuples, FL 34102	
Naples, FL 34102 Naples, FL 34102	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
The state of the s	
Name: United Corporate Services, Inc.	
Name: Office Corporate Services, Inc.	
Office Address: 9200 South Dadeland Blvd, Suite 508	
Miami, Florida 33156	
(City) (Zip code) Registered agent's acceptance:	AL
(Registered agent's signature) President, United Corporate Services, Inc. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	AHII: L
Title or Capacity: Name and Address: Title or Capacity: Name and Ad	ldress.
Manager Adam Gerry	
c/o Granite Associates, LP 225 Banyan Blvd, Suite 130	
Naples, Florida 34102	
·	
	
(Use attachments if necessary)	
	records in the
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of i jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certific of the translator must be submitted)	cate under oath
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false it submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	nformation
(1) DANG (ANDVITO	
Doma Calavito Signature of an authorized person	
(Doma Colavito, Authorized Person	



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

DELAWARE, DO HEREBY CERTIFY "SULLIVAN ALTERNATIVE 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 NINETEENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SULLIVAN ALTERNATIVE HOLDINGS, LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2015.

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

Authentication: 202909473

Date: 07-19-17

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