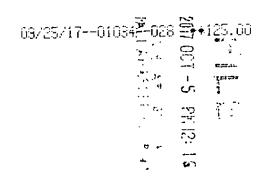
M17000008566

(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:						
<u> </u>						





500303809555



J. HARRIS

COVER LETTER

Registration Section

TO:

UBJECT:	Alliance Networking		Limited Liability (ompany			
he enclosed xistence, a	d "Application by For nd check are submitte	eign Limited Liability Comp	nany for Authoriza	tion to Tra	insact Business in Florida," Cert company to transact business i	tificate n Flori	
lease returi	n all correspondence c	oncerning this matter to the	following:				
	Reginald (Regg	ie) Grant					
		N:	ame of Person		 		
	R Grant Company LLC dba Alliance Networking LLC						
	Firm/Company						
	10033 Sawgras	s Drive West; PO Box 534					
			Address		<u>, </u>		
	Ponte Vedra Be	ach, FL 32004					
	<u> </u>	City/S	tate and Zip Code				
	reggie@alliancer	etworkingllc.com					
		E-mail address: (to be use	d for future annual	report not	dification)		
or further i	nformation concernin	g this matter, please call:					
Reggie Grant		828 at (277-72°)				
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327			STREET ADDRESS: Division of Corporations Registration Section Clifton Building				
1 a.	llahassee, FL 32314				ecutive Center Circle see, FL 32301		
	a check for the follow \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certified Status & Certified Copy	cate	



September 27, 2017

REGINALD GRANT 10033 SAWGRASS DRIVE WEST, PO BOX 534 PONTE VEDRA BEACH, FL 32004

SUBJECT: ALLIANCE NETWORKING LLC

Ref. Number: W17000076989

We have received your document for ALLIANCE NETWORKING 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.

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: 217A00019569

www.sunbiz.org

. 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. R Grant Company LLC	Limited Liability Company; must include "Limite	ed Liability Co	upany." "L.L.C.," or "LLC."	
Alliance Networking LLC			,	,
_	ame adopted for the purpose of transacting business in Flo	orida. The alterna	te name must include "Limited Lia	ibility Company," "L.L.C," or "LLC.")
North Carolina			-2095258	
(Jurisdiction under the law of which foreign limited liability company is organized)		J		ber, if applicable)
	(Date first transacted business in Florida, if prior to	registration.)	~	
	(See sections 605 0904 & 605,0905, F.S. to determ	tine penalty liabil		
(Street Address of Principal Office)		6. <u>PC</u>) Box 534 (Mailing Add	leon I
suite #121		Poi	nte Vedra Beach, FL 320	
Ponte Vedra Beach, FL	32082		· - · · · · · · · · · · · · · · · · · ·	
- Once Vedra Iseden, 7 E	- 27 day 177 f day			
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acce	eptable)	200
Name:	Reginald Grant			, o
Office Address:	15 Walkers Ridge Drive			
	Ponte Vedra Beach		, Florida 32082 (Zip coc	<u>.</u> 53
	(City)		(Zip coc	de)
8. The name, title or can:	(Registered agent	as/have auth	pority to manage is/are:	
Title or Capacity:	Name and Address:		or Capacity:	Name and Address:
President	Reginald Grant			
 	15 Walkers Ridge Drive	-		
	Ponte Vedra Beach, FL 32082	<u> </u>		
		_		
(Use attachments if neces	sary)			
urisdiction under the law of the translator must be s	·	te is in a for	eign language, a transla	tion of the certificate under oat
	outed in accordance with section 605,020 the Department of State constitutes a th			
	Signature	e of an authorized	i person	
	•			
	Reginald Grant			

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

R GRANT COMPANY L.L.C.

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 7th day of July, 2017, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of August, 2017.

Elaine I Marshall

Secretary of State