## M170000/0347

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	)
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	
	<u></u>	

Office Use Only



900306349109

17 DEC -7 AH 8: 22

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	I20000000195
---------------	--------------

REFERENCE : 942306 7567450

AUTHORIZATION :

COST LIMIT : \$' 1.25.00

\_\_\_\_\_

ORDER DATE: December 5, 2017

ORDER TIME : 1:48 PM

ORDER NO. : 942306-005

CUSTOMER NO: 7567450

## FOREIGN FILINGS

NAME: ALP RESIDENTIAL EAGLE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## 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 THANSACT BUSINESS IN THE STATE OF FLORIDA:

ame on a subble and the		ed Liability Company, ""L.L.C., " or "LLC	
while dissipationer, ether alternate i	rame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited I	Liability Company, " "L. L. C," or "LLC,")
DELAWARE		3.	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FEI mu	untier, if applicable)
	(Date first transacted buttness in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ) ine penalty liability i	
980 North Federal Hig	hway, Suite 315	6. 980 North Federal Highw	vay Suite 315
(Street Address of Principal Office) Boca Raton, FL 33432		(Mailing A	ddress)
Doca Raton, PL 33432		Boca Raton, FL 33432	
Name and state of the	671		
Name and street addres	s of Florida registered agent; (P.O. Box	NOT acceptable)	
Name:	Corporation Service Company	<u> </u>	デ
Office Address:	1201 Hays Street		
	Tallahaan	<del></del>	
	Tallahassee (Cay)	Florida 32301	<u> </u>
	of my position as registered agent Corporation Service Company 1	~ ( ~	rin inis capacity. I further agr. duties, and I am familiar with Roxanne Turne
	Corporation Service Company By:  (Registered *gent ) :		Roxanne Turne Asst Vice Presid
	Corporation Service Company By:	s/have authority to manage is/are:	Roxanne Turne Asst Vice Presid
The name, title or capa	Corporation Service Company By:  (Registered agent) city and address of the person(s) who ha		Roxanne Turne Asst Vice Presid
The name, title or capa Title or Capacity:	Corporation Service Company By:  (Registered agent)  city and address of the person(s) who ha  Name and Address:  Michael Kazma  980 North Federal Highway, S	s/have authority to manage is/are: Title or Capacity:	Roxanne Turne Asst Vice Presid
The name, title or capa Title or Capacity:	Corporation Service Company By:  (Registered agent)  city and address of the person(s) who ha  Name and Address:  Michael Kazma	s/have authority to manage is/are: Title or Capacity:	Roxanne Turne Asst Vice Presid
The name, title or capa Title or Capacity:	Corporation Service Company By:  (Registered agent)  city and address of the person(s) who ha  Name and Address:  Michael Kazma  980 North Federal Highway, S	s/have authority to manage is/are: Title or Capacity:	Roxanne Turne Asst Vice Presid
The name, title or capa Title or Capacity:	Corporation Service Company By:  (Registered agent)  city and address of the person(s) who ha  Name and Address:  Michael Kazma  980 North Federal Highway, S	s/have authority to manage is/are: Title or Capacity:	Roxanne Turne Asst Vice Presid
The name, title or capa <u>Title or Capacity:</u> <u>Manager</u>	Corporation Service Company By:  (Registered agent's) city and address of the person(s) who ha Name and Address:  Michael Kazma  980 North Federal Highway, S Boca Raton, FL 33432	s/have authority to manage is/are: Title or Capacity:	Roxanne Turne Asst Vice Presid
The name, title or capa Title or Capacity:	Corporation Service Company By:  (Registered agent's) city and address of the person(s) who ha Name and Address:  Michael Kazma  980 North Federal Highway, S Boca Raton, FL 33432	s/have authority to manage is/are: Title or Capacity:	Roxanne Turne Asst Vice Presid
The name, title or capa Title or Capacity: Manager  e attachments if necess ttached is a certificate	Corporation Service Company By:  (Registered agent):  (Agent):  (Registered agent):  (Agent):  (Registered agent):  (Agent):  (Ag	s/have authority to manage is/are:  Title or Capacity:	Roxanne Turne  Asst Vice Presid  Name and Address:

Typed or printed name of signee

Beatriz Beltranena

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ALP RESIDENTIAL EAGLE, 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 SEVENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALP RESIDENTIAL EAGLE, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2017.

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

6645655 8300 SR# 20177437111 Authentication: 203705580 Date: 12-07-17

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