

M18000007740

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018
AUG 15 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alliance CAS Buyer, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Meredith Walters

Name of Person

Cornerstone Support, Inc.

Firm: Company

70 Mansell Court, Suite 250

Address

Roswell, GA 30076

City/State and Zip Code

judd.lorson@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cornerstone Support, Inc. Attn: Meredith Walters

31 (678)

680-6080

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☒ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. Alliance CAS Buyer, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DE 3. 83-1275294
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Approval
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1855 Griffin Road #A407, 6. 334 Boylston St Suite 200
(Street Address of Principal Office) (Mailing Address)
Dania Beach, FL 33004 Boston, MA 02116

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Corporation Service Company

Name: _____
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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.

Sonya L Cordell
(Registered agent's signature)

Sonya L. Cordell
Asst Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Authorized Member	Judd Lorson 28 Marlborough St Apt 1 Boston, MA 02116		

See Attached List - "PLEASE REMOVE AND ENTER OFFICER IF ONLY THREE"

(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.

Judd A. Lorson
Signature of an authorized person

Judd Lorson

Typed or printed name of signer

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(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
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<u>Authorized Member</u>	<u>Judd Lorson</u>	_____	_____
	<u>26 Marlborough St Apt 1</u>		
	<u>Boston, MA 02116</u>		

See Attached List - "PLEASE REMOVE AND ENTER OFFICER IF ONLY THREE"

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Judd A. Lorson
Signature of an authorized person

Judd Lorson

Typed or printed name of signer

Delaware

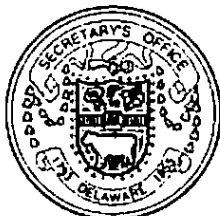
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIANCE CAS BUYER, 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 TENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLIANCE CAS BUYER, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2018.

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



6979799 8300

SR# 20186113745

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203227716

Date: 08-10-18