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N CULLIGAN AUG 29 2018

COVER LETTER

٨	Alsis Structured Fi	nance, LLC				
BJECT: _		Name of Limited Liability Company				
e analosed "	Annlication by Fo		·	, ,	ansact Business in Florida," Certifica	
					y company to transact business in Fl	
ase return al	ll correspondence	concerning this matter to the	following:			
	Xavier Gonzal	ez-Sanfeliu				
		N	ame of Person	-		
	Alsis Structure	ed Finance, LLC				
	Firm/Company					
	1560 Lenox A	ve. Suite 304				
		·	Address			
	Miami Beach,	FL. 33139				
	<u></u>	City/S	state and Zip Code			
	dromo@alsisfur	ids.com				
		E-mail address: (to be use	d for future annual	report no	tification)	
further info	ormation concerning	ng this matter, please call:				
Dominique Romo			786 at (363137	77	
	Name	of Contact Person	Area Code	Day	vtime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327			Division	<u>FADDRESS:</u> of Corporations tion Section Building		
Tallah	hassee, FL 32314				ecutive Center Circle see, FL 32301	
	theck for the follow		□ \$165.00 E27	E o.		
= 31.	25.00 Filing Fee	0 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy		ig ree ox	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	



August 20, 2018

XAVIER GONZALEZ-SANFELIU 1560 LENOX AVE. SUITE 304 MIAMI BEACH, FL 33139

SUBJECT: ALSIS STRUCTURED FINANCE, LLC

Ref. Number: W18000075305

We have received your document for ALSIS STRUCTURED FINANCE, 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6052.

Letter Number: 818A00017185

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Alsis Structured Finance, 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.1, C." or "L.L.") 3. 46-1451168 (Jurisdiction under the law of which foreign limited hability company is organized) (FEI number, (fapplicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605-0905, F.S. to determine penalty liability.) 1560 Lenox, Ave. Suite 304 1560 Lenox, Ave. Suite 304 (Street Address of Principal Office) (Mailing Address) Miami Beach, FL. 33139 Miami Beach, FL. 33139 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 1560 Lenox Avc. Suite 304 Office Address: Miami Beach 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. 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: Title or Capacity: Name and Address: Member David Sanchez-Tembleque 1560 Lenox Ave. Suite 304 Miami Beach, FL. 33139 (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. Sancher Temb



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

DELAWARE, DO HEREBY CERTIFY "ALSIS STRUCTURED FINANCE, 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 NINTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALSIS STRUCTURED FINANCE, LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2012.

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

Authentication: 203221211

Date: 08-09-18