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Division of Corporations
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Florida Department of State
Division of Corporations
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Email Address: scalifano@alex dell.com

Foreign Limited Liability Company
Law Firm of Alex Dell, PLLC, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
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TALLAHASSEE, FLORIDA

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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. Law Firm of Alex Dell, PLLC, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. New York 3. 27-4628473
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 450 New Karner Road 6. 450 New Karner Road
(Street Address of Principal Office) (Mailing Address)
Albany, NY 12205 Albany, NY 12205

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

Name: Cross Street Corporate Services, LLC
Office Address: 200 South Orange Avenue
Sarasota, Florida 34236
(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.

[Signature]
(Registered agent's signature)

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:
AMBR	Alex C. Dell 450 New Karner Road Albany, NY 12205	MOR	Steve Califano 450 New Karner Road Albany, NY 12205
_____	_____	_____	_____
_____	_____	_____	_____

(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.

Steve Califano
Signature of an authorized person
Steve Califano
Typed or printed name of signer

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**State of New York
Department of State } ss:**

I hereby certify, that LAW FIRM OF ALEX DELL, PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/31/2010, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 19th day of November
two thousand and eighteen.

Whitney Clark
Deputy Secretary of State

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