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Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : ROBERT D. ROYSTON, JR., P.A.
 Account Number : I20150000047
 Phone : (239) 205-2225
 Fax Number : (239) 205-2016

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rrroyston@rrroystonlaw.com

**Foreign Limited Liability Company
 Property Management Alliance LLC**

Certificate of Status	0
Certified Copy	0
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2018 DEC 10 PM 2:48

FILED
 2018 DEC 10 AM 9:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1/4



December 10, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ROBERT D. ROYSTON, JR., P.A.

SUBJECT: PROPERTY MANAGEMENT ALLIANCE LLC
REF: W18000106258

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please list the complete address for Crystal Parker.

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) 245-6050.

Valerie Herring
Regulatory Specialist III

FAX Aud. #: H18000348500
Letter Number: 718A00025295

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P.O. BOX 6327 - Tallahassee, Florida 32314

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. Property Management Alliance 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-3668702

(EIN number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 323 East Water St.

(Street Address of Principal Office)

Syracuse, NY 13202

6. 323 East Water St.

(Mailing Address)

Syracuse, NY 13202

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

Name: Robert D. Royston, Jr.

Office Address: 12140 Carissa Commerce Ct., Suite 102

Fort Myers

(City)

Florida 33966

(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.

(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:

P MANAGER

Doug Shepard

323 East Water

Syracuse, NY 13

VP MANAGER

Crystal Parker

2426 Caring Way

Port Charlotte, FL 33952

(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.

(Signature of an authorized person)

Doug Shepard

(Typed or printed name of signer)

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CLERK OF
DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA

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State of New York
Department of State } ss:

I hereby certify, that PROPERTY MANAGEMENT ALLIANCE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/01/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



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WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 26th day of November two
thousand and eighteen.

A handwritten signature in cursive script, reading "Whitney Clark".

Whitney Clark
Deputy Secretary of State

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