11900006510

(Requestor's Name)
(Nequester 5 Manne)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
3

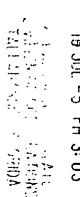




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D SCOTT

JUL 8 2019

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 7/5/2019		
		₩ALK IN*
ENTITY NAME	ALEUTIAN CAPITAL PARTNERS, LLC	
DOCUMENT NU	MBER	
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DE NUMBER OF CE	ESTINATION	
TOTAL OWED	\$125.00 CHECK #6320	
Please call Ti	na at the above number for any issues or concerns. Thu	rnk yoa so much!

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Aleutian Capital Partners, LLC	-
	Name of Limited Liability Company	
The enclosed "A Existence, and c	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida, heck are submitted to register the above referenced foreign limited liability company to transact busin	" Certificate of ness in Florida.
Please return all	correspondence concerning this matter to the following:	
	Jana Keck Name of Person	
	Harbor Compliance	
	Firm/Company	
	1920 Colonial Village I	1
	1830 Colonial Village Lane Address	. :
		,
	Lancaster, PA 17601 City/State and Zip Code	-
	Chyrstate and Zip Code	, ;
	E-mail address: (to be used for future annual report notification)	
For further infor	mation concerning this matter, please call:	
Tot tarmer into	mation concerning this matter, please can:	
	Jana Keck at (717) 431.9040	
	Name of Contact Person Area Code Daytime Telephone Number	•
Divisio	NG ADDRESS: n of Corporations Division of Corporations ation Section Registration Section	
P.O. Bo	ox 6327 Clifton Building	
Tallaha	2661 Executive Center Circle Tallahassee, FL 32301	
Enclose Please	ed is a check for the following amount: nake check payable to: FLORIDA DEPARTMENT OF STATE	
X \$12	5.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing & \Bigcup \\$160.00 Filing & \Bigcup \\$160.00 Filing & \Bigcup \Bi	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

raine imavailable, enter alternate	name adopted for the purpose of transacting business in I	Florida. The alic	mate name must include "Limited Liability Compa	ny," "L.L.C," or "LLC.")
Delaware	which foreign limited liability company is organized)	3	83-0372843	
(2 made (101) milet (182 184 0)	which foreign limited hability configure is organized)		(FEI number, if applica	ble)
				· · ·
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 603.0905, F.S. to deter	to registration.)	bilin)	
5230-3 Clayton Co.	urt	6.	5230-3 Clayton Court	. 1
(Street Address o	f Principal Office)	_	(Mailing Address)	. ,
	107		F Marrie El 22007	•
Fort Myers, FL 339	ess of Florida registered agent: (P.O. Bo	– 	Fort Myers, FL 33907	
		_ - ox <u>NOT</u> ac		
Name and street addre	ess of Florida registered agent: (P.O. Bo	 ox <u>NOT</u> ac		
Name and street address Name:	ess of Florida registered agent: (P.O. Bo REGISTERED AGENTS INC.	ox <u>NOT</u> ac	33702	
Name and street address Name:	REGISTERED AGENTS INC. 7901 4TH ST N STE 300 ST PETERSBURG	ox <u>NOT</u> ac		

_____.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or pursons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Louis E. Black Manager ■ Manager Name: Member Address: 2090 W. First Street, Suite 2407 Member Address: Fort Myers, FL 33901 Authorized ☐ Authorized Person Person Other ☐ Other Other Other____ Manager Name: ☐ Manager Name: _ ☐ Member Address: ☐ Member Address: Authorized Authorized Person Person Other Other__ Other Managor Name: ☐ Manager Name: ☐ Member Address: ☐ Member Address: Authorized ☐ Authorized Person Person ☐ Other Other_ Other ☐ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 10. This document is executed in accordance with section 605,0202 (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 a 817.155, F.S. Signature of an authorized person Louis E. Black, Manager Typed or pricted range of signer

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

DELAWARE, DO HEREBY CERTIFY "ALEUTIAN CAPITAL PARTNERS, 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 FIFTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALEUTIAN CAPITAL PARTNERS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER,

A.D. 2003.

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

at corn delaware gov/auti

Authentication: 203160999

Date: 07-05-19

3706799 8300 SR# 20195825254

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