

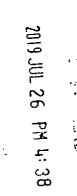
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TO:

Registration Section Division of Corporations

ALIX REAL ESTATE DEVELOPMENTS, LLC

Name of Limited Liability Company

7

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:

Julissa Campos			
Nam	ne of Person		_
ALIX REAL ESTATE D	EVELO	PMENTS, LLC	
Firm	√Company		
14211 SW 88th St U	nit E20	5	
	Address		_
Miami, FL 33186			
City/State	e and Zip Code	<u> </u>	_
jewels.alixred@gmail.	.com		
E-mail address: (to be used for		report notification)	_
For further information concerning this matter, please call:			20
Julissa Campos	,786	712-1804	2019 JUL
Name of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS:		STREET ADDRESS:	P
Division of Corporations Registration Section		Division of Corporations Registration Section 1	
P.O. Box 6327		Clifton Building	⇔ ડ
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	æ
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM	ENT OF STA	ГЕ	
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status		_	ng Fee, Certificate Certified Copy

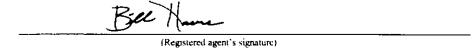
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ALIX REAL ES	TATE DEVELOPMENTS	S, LLC				
(Name of Foreign	Limited Liability Company; must include "Lin	nited Liability Company." "L.L.	C" or "LLC.")			
(If name unavailable, enter alternate ra	ame adopted for the purpose of transacting business in	Florida. The alternate name must me	clude "Limited Liability	Company,"	"L l, C," or	"I.I.C.")
₂ Nevada		3.				
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	organized) (FEI number, if applicable)				
4						
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0908, F.S. to dete	rmine penalty liability)				
5. 14211 SW 88th St Unit E205 a. 14211 SW 88th St			V 88th St U	Unit E205		
(Street Address of P	•		(Mailing Address)			
Miami, FL	33186	<u>Miami,</u>	FL 331	86		
					_20	
7. Name and street addres	s of Florida registered agent: (P.O. B	ox NOT acceptable)		;; ;= ;=	2019 JUL	, m
					Լ 26	· anter Arrea
Name:	Registered Ager	its inc.				: 17
Office Address:	7901 4th St N S	ΓE 300			PM 4: 38	Care I
	St. Petersburg	, Florida	33702		u.	
	(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.



8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized t manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Luis R. Alix Name: Julissa Campos Manager ✓ Manager Address: 14211 SW 88th St Unit E205 Address: _____ ☐ Member Member Miami, FL 33186 Miami, FL 33186 Authorized Authorized Person Person Other ___ Other____ Other _____ Other____ Manager | Name: Name: _____ Manager Address: Member Member Address: ______ Authorized Authorized Person Person ___Other_____ Other . ..__ Other Name: Manager Manager ☐ Member Address: Address: Member 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 oatl 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. Julissa Campos

Eyped or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

l, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALIX REAL ESTATE DEVELOPMENTS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 22, 2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 28, 2019.

Backers K. Cegerske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20190628-2065