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Y SCOTT SEP 2 3 2019



September 9, 2019

THOMAS J. PALMIERI 340 MINORCA AVE. SUITE ONE CORAL GABLES, FL 33134

SUBJECT: ALETC, LLC

Ref. Number: W19000081972

We have received your document for ALETC, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Letter Number: 519A00018561

Yvette Scott Document Specialist II

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COVER LETTER

TO: Registration Section

	Name of Limited Liability Company				
osed 2. an	"Application by Foreign Limited Liability of check are submitted to register the above	Company for Authori referenced foreign fin	zation to Transact B aited liability compa	usiness in Florida." ny to transaet busir	Certific
	all correspondence concerning this matter to		• '	•	
	Thomas J. Palmieri	-			
		Name of Person			
	Thomas J. Palmieri, P.A.			201 TA	
		Firm/Company		EDRI EDRI	\neg
	340 Minorca Ave., Suite One			2019 SEP 19 PM 3: 14 SECRETARY OF STATE TALLAHASSEE, FLORID	
		Address		E PA	TT.
	Coral Gables, FL 33134			4 3: 1 FLOR	C
	C	ity/State and Zip Coc	le	T MG	•
	palmierilaw@gmail.com				
	E-mail address: (to be	used for future annu	al report notification	1)	
er in	formation concerning this matter, please cal	1:			
Tho	mas j. Palmieri	305 at (441-9021		
	Name of Contact Person	Area Cod	e Daytime Te	lephone Number	
Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314		STREET ADDR Division of Corpo Registration Secti Clifton Building 2661 Executive C Tallahassee, FL 3	orations ion Center Circle	

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:

	NO E 1239020 9-5 The foreign limited hability company is organized)	3. Applied for (FEI m	
Not applicable			201 SE TAL
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) nine penalty liability)	
280 Arvida Parkway		280 Arvida Parkway	SEP I
(Street Address of	Principal Office)	6. (Mailing A	r-77
Coral Gables		Coral Gables	OF SI
			AIE RID
	es at Elarida maistarad agant /D () De-	Florida 33156	DA F
	ss of Florida registered agent: (P.O. Bos Thomas J. Palmieri, Esq.	-	DA E
Name and <u>street addre</u>		-	₽ DA
Name and <u>street addres</u> Name:	Thomas J. Palmieri, Esq.	x <u>NOT</u> acceptable) 33134	P
Name:	Thomas J. Palmieri, Esq. 340 Minorca Ave., Suite One	-	P

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:				
Manager	Name: The Docara Trust	Manager	Name: Dr. Richard Schulze Trust				
Member	Address: 280 Arvida Parkway	■ Member	Address: 280 Arvida Parkway				
Authorized	Coral Gables, Florida 33156	☐ Authorized	Coral Gables, Florida 33156				
Person		Person	2019 SE TAL				
Other	Other	Other	SE T				
■Manager	Name:	√ Numari	19 PA				
	Address: 280 Arvida Parkway	☐ Manager	- 69 w U				
Member	Coral Gables, Florida 33156	☐ Member	Address: RPT F				
■Authorized		☐ Authorized	<u> </u>				
Person		Person					
Other	Other	Other	Other				
Manager	Name:	☐ Manager	Name:				
Member	Address:	Member	Address:				
Authorized		☐ Authorized					
Person		Person					
Other	Other	Other	Other				
9. Attached is a cert jurisdiction under th of the translator mus	s executed in accordance with section 605.0203 (nent to the Department of State constitutes a thir	rida Department of State uly authenticated by the is in a foreign language, (1) (b), Florida Statutes.	Annual Report form, official having custody of records in the a translation of the certificate under oath. I um aware that any false information.				
Typed or printed name of signee							

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, to hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporateles, non-profit corporations, corporations sole, 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. ALETC, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/23/2019, and is in good standing in this state.

Certificate Number: B20190918226093

You may verify this certificate online at http://www.nysos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/18/2019.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State