

M20000003749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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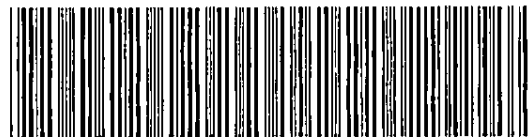
(Business Entity Name)

(Document Number)

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FOREIGN

LLC

1. ALBA INVESTMENTS, LTD. LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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. Alba Investments, Ltd., a Turks and Caicos Islands Limited Liability Company
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

n/a

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Turks and Caicos Islands
(Jurisdiction under the law of which foreign limited liability company is organized)

3. n/a
(FEI number, if applicable)

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

5. 2000 Towerside Terrace
(Street Address of Principal Office)

6. 2000 Towerside Terrace
(Mailing Address)

#PH6
Miami, FL 33138

#PH6
Miami, FL 33138

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

Name: Douglas Richman

Office Address: 5376 NW 106TH DR

Coral Springs, Florida 33076
(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.

Douglas Richman

(Registered agent's signature)

03 / 31 / 2020

CLERK OF STATE
TREASURY
HALL OF RECORDS

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Alba Kourbatoff</u>	<input type="checkbox"/> Manager	Name: <u>Nicolas Kourbatoff</u>
<input checked="" type="checkbox"/> Member	Address: <u>Coral Gardens, Providenciales</u>	<input checked="" type="checkbox"/> Member	Address: <u>2000 Towerside Terrace, #PH6</u>
<input type="checkbox"/> Authorized	<u>Turks and Caicos Islands</u>	<input type="checkbox"/> Authorized	<u>Miami, FL 33138</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

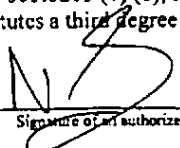
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TALLAHASSEE, FL 32310

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 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

Nicolas Kourbatoff

Typed or printed name of signer



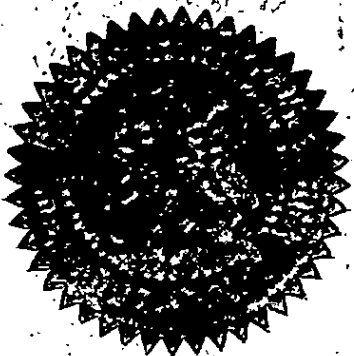
TURKS AND CAICOS ISLANDS COMPANIES ORDINANCE 2017

**CERTIFICATE OF GOOD STANDING
(SECTION 294)**

The REGISTRAR OF COMPANIES, of the Turks and Caicos Islands HEREBY CERTIFIES that, pursuant to the Turks and Caicos Islands Companies Ordinance 2017, as of the date of this certificate, the company,

Alba Investments Ltd.
COMPANY NUMBER: TC.015952

1. Is on the Register of Companies;
2. Has paid all fees and penalties due under the Ordinance;
3. Has not filed articles of merger or consolidation that have not yet become effective;
4. Has not filed articles of arrangement that have not yet become effective;
5. Is not in voluntary liquidation;
6. Is not in liquidation under the Insolvency Ordinance 2017;
7. Is not in receivership under the Insolvency Ordinance 2017;
8. Is not in administrative receivership; and
9. Proceedings to strike the name of the company off the Register of Companies have not been instituted



[Signature]
REGISTRAR OF COMPANIES
15th day of April, 2020