

# M20000004034

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

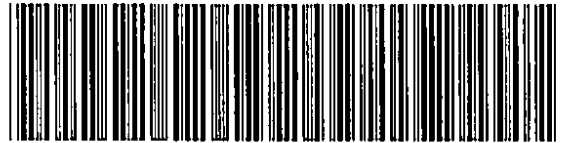
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

WDC  
4/28/20

Office Use Only



## 200343413112

04/22/20--01012--008 \*\*260.00

FILED  
20 APR 22 PM 5:00  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Allied Management Associates, LLC  
Name of Limited Liability Company

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:

Pat Harris  
Name of Person

Harris Real Estate Enterprises, Inc.  
Firm/Company

195 South Bear Pointe Drive  
Address

Lake Placid, FL 33852  
City/State and Zip Code

pat@usifund.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pat Harris at ( 561 ) 789-8008  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED  
20 APR 22 PM 5:00

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

IN COMPLIANCE WITH SECTION 605.042, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Allied Management Associates, LLC

2 Delaware 3 81-3381859

4 April 23, 2020

5 115 Front Street, Suite 300 6 115 Front Street, Suite 300

Jupiter, FL 33477 Jupiter, FL 33477

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

Name: Donald M. Allison, Esquire

Office Address 1699 South Federal Highway, Suite 300

Boca Raton Florida 33432

FILED  
20 APR 22 PM 5:00  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN FLORIDA

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.

[Signature]  
Registered Agent's Signature

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]:

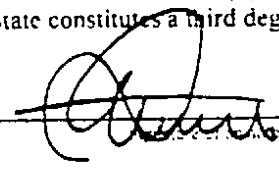
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Nicholas A. Mastroianni, II</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>115 Front Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 300</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Jupiter, FL 33477</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>Nicholas A. Mastroianni, III</u>	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>115 Front Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 300</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Jupiter, FL 33477</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>Anthony J. Mastroianni</u>	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>115 Front Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 300</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Jupiter, FL 33477</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

FILED  
20 APR 22 PM 5:00

**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.

  
\_\_\_\_\_  
Typed or printed name of signer  
Nicholas A. Mastroianni, II

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIED MANAGEMENT ASSOCIATES, 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 EIGHTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLIED MANAGEMENT ASSOCIATES, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2016.



6104905 8300

SR# 20202673918

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202733768

Date: 04-08-20