(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dayman Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/07/2020	
Name:		<u> </u>
Reference #	4249970	<del></del>
Entity Name:	ALLERAND RE	ALTY HOLDINGS, LLC
✓ Article	es of Incorporation/Authorization	n to Transact Business
Amen	ndment	
Chang	ge of Agent	
Reins	tatement	:
☐ Conve	ersion	င်ာ
☐ Merge	er	: <u>-</u> ගු
Disso	lution/Withdrawal	<u>ေ</u>
Fictition	ous Name	
Other		
Authorized A	Amount: \$125.00	<del></del>

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/07/2020	
Name:		
Reference #	4240070	
Entity Name	at ALLERAND R	EALTY HOLDINGS, LLC
✓ Articl	les of Incorporation/Authorizat	ion to Transact Business
Ame	ndment	
Char	nge of Agent	
☐ Rein	statement	
Conv	/ersion	~>
☐ Merg	ger	(2) (2) (3)
Disso	olution/Withdrawal	; ! CD
☐ Fictit	ious Name	~.
☐ Othe	r	L.7
Authorized	Amount: \$125:00	

COGENCY GLOBAL INC 10 E 40"1 ST, 10"1 FL NY NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

## COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	Allerand Realty Holdings, LLC		
2000	Name of Limited Liability Company		
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Co , and check are submitted to register the above referenced foreign limited liability company to transact business		
Please	urn all correspondence concerning this matter to the following:		
	Kay Caliendo		
	Name of Person		
	c/o Allerand Capital, LLC		
	Firm/Company		
	675 w Indiantown Road		
	Address		
	Jupiter, FL 33458		
	City/State and Zip Code		
kcaliendo@allerand.com  E-mail address: (to be used for future annual report notification)			
For fun	r information concerning this matter, please call:	:ವ :: :	
	Name of Contact Person Area Code Daytime Telephone Number	· .	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	Sinclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$125.00 Filing Fee \$\sum_{\text{S130.00}} \text{S130.00 Filing Fee & }\sum_{\text{S155.00 Filing Fee}} \text{S160.00 Filing Fee} \text{Certificate of Status} \text{Certified Copy} \text{of Status & Certified}		

## 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 LIABILI

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Allerand Realty Holdings, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liebility Company," "L.L.C," or "L.L.C," or "L.L.C.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 01/01/2020 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 675 W Indiantown Rd 675 W Indiantown Rd (Street Address of Principal Office) Jupiter, FL 33458 Jupiter, FL 33458 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun St. Suite 4 Tallahassee , Florida 3230' 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. And Count-(Registered agent's signature)

<del></del>	Name and Address:	Title or Capacity:		Name and Address:
×]Manager	Name: Richard J Sabella	Manager	Name:	
Member	Address: 675 W Indiantown Rd Jupiter FL 33458	Member	Address:	···
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name: Allerand Holdings,LLC	Manager	Name:	
⊠Member	Address: 675 W Indiantown Rd Jupiter, FL 33458	Member	Address:	
Authorized		Authorized		
Person		Person		· · · · · · · · · · · · · · · · · · ·
Other	Other	Other	<del></del>	Other
⊒Manager ⊒Member	Name:	☐ Manager	Name:	2020 1 8
Authorized		Authorized		
Person		Person		<del> က</del> က်
Other	Other	Other	<del></del>	Other



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

DELAWARE, DO HEREBY CERTIFY "ALLERAND REALTY HOLDINGS, 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 SEVENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLERAND REALTY HOLDINGS, LLC" WAS FORMED ON THE FIFTH DAY OF AUGUST, A.D. 2019.

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



Authentication: 202896485

Date: 05-07-20