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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/30/20
5



July 17, 2020

UPS OVERNIGHT DELIVERY

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2020 JUL 20 PM 2:28
DEPT. OF STATE
TALLAHASSEE, FL 32301

**Re: Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida (ALGF, L.L.C.)**

To Whom It May Concern:

Enclosed is a completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida (ALGF, L.L.C.), Certificate of Fact from the Commonwealth of Virginia's State Corporation Commission and a filing fee check in the amount of \$125.00.

We would appreciate you processing this request as soon as possible. If you have any questions, please contact me immediately by phone at (804) 320-7101, Ext. 273 or email jbelote@gscapts.com.

Sincerely,

A handwritten signature in cursive script that reads "Jenny Belote".

Jenny Belote
Executive Services Manager

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALGF, L.L.C.

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:

Bonnie L. Wood

Name of Person

General Services Corporation

Firm/Company

2922 Hathaway Road, P.O. Box 8984

Address

Richmond, VA 23225

City/State and Zip Code

jbelote@gscapts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny Belote

804

320-7101, Ext. 273

at ()

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**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. ALGE, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(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. Commonwealth of Virginia 3. 85-1917407
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2922 Hathaway Road 6. P.O. Box 8984
(Street Address of Principal Office) (Mailing Address)
Richmond, VA 23225 Richmond, VA 23225

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

Name: CT Corporation
Office Address: 1200 South Pine Island Road
Plantation 33324
(City) Florida (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.

Denise Bell Denise Bell, Secretary of C T Corporation
(Registered agent's signature)

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FLORIDA

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>Jonathan S. Perel</u>	<input type="checkbox"/> Manager	Name: <u>Bonnie L. Wood</u>
<input type="checkbox"/> Member	Address: <u>2922 Hathaway Road</u>	<input type="checkbox"/> Member	Address: <u>2922 Hathaway Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Richmond, VA 23225</u>	<input checked="" type="checkbox"/> Authorized	<u>Richmond, VA 23225</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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STATE OF FLORIDA
DEPARTMENT OF STATE

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.

Bonnie L. Wood
Signature of an authorized person

Bonnie L. Wood

Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

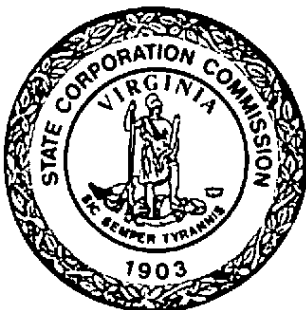
I Certify the Following from the Records of the Commission:

That ALGF, L.L.C. is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on July 13, 2020; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

July 13, 2020

A handwritten signature in cursive script, reading "Bernard J. Logan".

Bernard J. Logan, Interim Clerk of the Commission

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SECRETARY OF STATE
ALBANY, GEORGIA