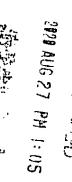
## MACCOOTH58

(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:			

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8/28/20



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: Augus	t 27, 2020	Account#: 1200000	880000
Name: David	l Shulman		- :
Reference #:	1259136	· ·	•
		ND UBSP HOLDINGCO,LLC	
Articles of Inco	rporation/Authoriz	ration to Transact Business	-
Amendment			-
Change of Age	ent		
Reinstatement		ISSUES? CALL David:	
Conversion		850-270-0082	
Merger			
Dissolution/Wit	hdrawal		
Fictitious Name	е		
Other	Please provide a	certified copy of the filing evidence. Thanks!	

Authorized Amount:

\$155.00

Signature:

+44 (0)20.3786.1090



August 27, 2020

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Reference #:	<del>_</del>	
Entity Name:	ALLERAND UBSP	HOLDINGCO,LLC
Articles of Inco	orporation/Authorization to Tra	ansact Business
Amendment		
Change of Age	ent	Iccurca CATA
Reinstatemen	t	ISSUES? CALL David:
Conversion		850-270-0082
☐ Merger		
☐ Dissolution/Wi	thdrawal	
☐ Fictitious Nam	е	
Other	Please provide a certified cop	y of the filing evidence. Thanks!

Signature:

## COVER LETTER

TO:

TO:	Registration Section Division of Corporations						
SUBJE	Allerand UBSP Holdingco, LLC						
	Name of Limited Liability Company	<del></del>					
The end Existen	sclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," nee, and check are submitted to register the above referenced foreign limited liability company to transact busin	' Certificate of ness in Florida.					
Please	return all correspondence concerning this matter to the following:						
	Kay Caliendo						
	Name of Person						
	Allerand UBSP Holdingco, LLC						
	Firm/Company	<u>.</u> .					
	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)						
or furtl	ther information concerning this matter, please call:						
	Kay Caliendo at 561 427-6776						
	Name of Contact Person Area Code Daytime Telephone Number						
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						
	Enclosed 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{Filing Fee & }\sum_{\text{S155.00}} \text{Filing Fee & }\sum_{\text{S160.00}} \text{S160.00 Filing Fee & }\sum_{\text{Ocrtificate of Status}} \text{Certified Copy} \text{of Status & Certified Copy}						

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

N COMPLIANCE WITH OMPANY TO TRANSAC	SECTION 605.0902, FLORIDA STATULES, THE F TBUSINESS IN THE STATE OF FLORIDA:	OLLOWIN	G IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILI
	Allerand UBSP F	lolding	ico, LLC
(Name of For	eign Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC.")
27.1			
Mic uzzvadable, enjer elleri		rida, The alte	mate name must include "Limited Liability Company," "L.L.C," or "LLC.")
(Invisitional under the law	Delaware of which foreign limited liability company is organized)	3	(FEI number, if applicable)
Commencing Block DE 15H	of which foreign minied handing company is organized)		(FEI number, if applicable)
	August 25, 20	20	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty lia	bility)
675 W In	diantown Road		675 W Indiantown Road
_	s of Principal Office)	6	(Mailing Address)
Jupiter, FL 33458			Jupiter, FL 33458
		_	·
Name and etraet add	dress of Florida registered agent: (P.O. Box	NOT	
rane and <u>suger auc</u>	mess of Florida registered agent; (F.O. Box	<u>NOT</u> acc	ceptable)
	0005107.01.004		_
Name:	COGENCY GLOBA		<u>C.</u>
Office Addres	s: 115 North Calhoun St.	Suite	<u>. 4</u>
	Tallahassee		, Florida <u>32301</u> (Zip code)
istered agent's acc			7
ing been named as gnated in this appl omply with the prov	registered agent and to accept service of prication, I hereby accept the appointment as	registere	the above stated limited liability company at the place d agent and agree to act in this capacity. I further agr elete performance of my duties, and I am familiar with
	/s/ Eric Hood, Assistant Secretary		
	(Pagintanul assurba d	<del> </del>	

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: Name: Allerand Realty Holdings, LLC Manager Manager Name: \_\_\_\_\_ Address: 675 W Indiantown Road ☐ Member Member Address: \_\_\_\_ Jupiter, FL 33458 Authorized Authorized Person Person Other Other\_\_\_\_ Other\_ Manager Name: \_\_\_\_\_ Manager Name: \_\_\_ Member \_\_ Member Authorized Authorized Person Person Other\_\_\_\_ Other Other Other\_\_\_ Manager Manager Name: Address: Member Member Address: Authorized Authorized Person Person Other Other\_\_\_ Other\_ Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALLERAND UBSP HOLDINGCO, 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 TWENTY-SIXTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLERAND UBSP HOLDINGCO, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2020.

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

Authentication: 203543732

Date: 08-26-20

3520700 8300 SR# 20206959236