

5/21/2021

honor date

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Foreign Limited Liability Company
ALIBALCA LLC

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6/2/21

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. ALIBALCA LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLCO")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLCO")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-3276711

(EIN number, if applicable)

4. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration.)
(See sections 601 (904) & 605.0901, F.S. to determine penalty liability.)

5. 201 S Biscayne Blvd

(Street Address of Principal Office)

Suite 1480

Miami, Florida 33131

6. 201 S Biscayne Blvd

(Mailing Address)

Suite 1480

Miami, Florida 33131

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

Name: Lorena Alejandra Somoza Timor

Office Address: 201 S Biscayne Blvd., Suite 1480

Miami

(City)

, Florida 33131

(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.

/s/ Lorena Alejandra Somoza Timor

(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>Maria Antonieta Somoza Mosquera</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>201 S Biscayne Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 1480</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Miami, Florida 33131</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>Alexandra Timor Bello</u>	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>201 S Biscayne Blvd.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 1480</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Miami, Florida 33131</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>Lorena Alejandra Somoza Timor</u>	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>201 S Biscayne Blvd.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 1480</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Miami, Florida 33131</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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.

/s/ Lorena Alejandra Somoza Timor
Signature of an authorized person

Lorena Alejandra Somoza Timor

Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. EULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALIBALCA, 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 MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALIBALCA, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2019.

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



7611535 8300

SR# 20212132379

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JEFFREY W. EULLOCK". Below the signature is a horizontal line, and underneath that line, the text "Jeffrey W. Eullock, Secretary of State" is printed in a small font.

Authentication: 203302527

Date: 05-26-21