

7/7/2021

Division of Corporations

M2100008706

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

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TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
ALFONSO CAPITAL LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPONSO CAPITAL 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

alfonsocapital.llo@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

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

IN COMPLIANCE WITH SECTION 605.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. ALFONSO CAPITAL LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. New York 3. 85-1166899
(Jurisdiction under the law of which foreign limited liability company is organized) (VAT number, if applicable)

4. _____
(Does firm maintain business in Florida? If prior to registration, list in numbers 601 (Sole) & 602 (Partnership) or 603 (Corporation))

5. _____ 6. _____
(Home Address of Principal Officer) (Mailing Address)

100 Sterling Ave., 2nd Fl

100 Sterling Ave., 2nd Fl

Yonkers, New York 10704

Yonkers, New York 10704

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

Name: Eduardo Alegre

Office Address: 2717 Seville Blvd., Apt 5210

Clearwater 33764
(City) (State) (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.

Eduardo Alegre
(Registered agent's signature)

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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>
☐ Manager	Name: Alexander Vincent Alfonso	☐ Manager	Name: _____
☒ Member	Address: 100 Sterling Ave., 2nd Fl	☐ Member	Address: _____
☐ Authorized	Yonkers, New York 10704	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ 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. 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) (h), 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.



Signature of an authorized person
Alexander Vincent Alfonso

Typed or printed name of signer

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ALFONSO CAPITAL LLC
DOS ID Number: 5840843
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 09/22/2020

Statement Status: CURRENT
Statement Due Date: 09/30/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on July 01, 2021 at 10:34 A.M.

ROSSANA ROSADO, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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