Division of Corporations

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To:

Division of Corporations

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From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

: (845)818-3588 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one amail address please. **

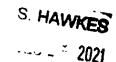
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Foreign Limited Liability Company Alya Grenelefe Manager LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help



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

IN COMPLIANCE WITH SECTION 605,0002 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Alya Grenelefe Manage	er LLC Limited Liability Company; must include "Limited	Liability C	ompany, "T. I. C.," o	vi"∏ (.")				
name unavailable, enter alternate ti	name adopted for the purpose of transacting business in El-	unda The alte	male name must melik	e "Limited Liab	thry Company."	"L L.C." o	r"LLC")	
Delaware		_						
(harisdiction under the law of which foreign limited hability company is organized)		ے	-	(El.t number, it applicable)				
	(Date first transacted business in Florida if prior to (See sections 603 0001 & 605 0005, F.S. to determi	temptratum l						
	(See sections 605 0904 & 605 0905, F.S. to determi	• •	•					
20801 Biscayne Blvd #434 Aventura, FL 33180		6	6. (Mailing Address)					
		· ·						
-		_			.			
······································	· · · · · · · · · · · · · · · · · · ·	_	, 			F-3		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	entable)			<u></u>		
varie and <u>sweet dudies</u>	an Fronda regimento agoni, (11911)	1				1	-	
	Veorp Services, LLC					22	j -	
Name:					·	= •		
	5011 South State Road 7, Suite 106				. ഗ	=======================================	-	
Office Address:			_		근록	2		
	Davie		3. , Florida	3314	m	α		
	(City)		, rionua	(Zip code)				
egistered agent's accep	tonce:							
wing been named as re	gistered agent and to accept service of p	rocess for	r the above state	d limited lid	ability com	pany at	the pla	
signated in this applica controls with the provise	tion, I hereby accept the appointment a ions of all statutes relative to the proper	s registere and com	ed agent and agr plete performan	ree to act in ce of my du	ties, and L	ny, 1 Ju un fand	riner a) iliar wit	
d accept the obligation:	s of my position as registered agent.					-		
	John Cogan							
	(Registered agent's	signature)		<u></u>				

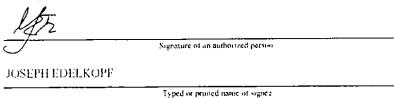
From. Vcorp Services, LLC

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:
■Manager	Name: Alya Equities LLC	□ Manager	Name: Alya Equities LLC
□Member	Address: 20801 Biscayne Blvd #434	■Member	Address: 20801 Biscayne Blvd #434
□Authorized	Aventura, FL 33180	☐ Authorized	Aventura, FL 33180
Person		Person	
□Other		Other	□Other
□Manager	Name:	∐Manager	Name:
□Member	Address:	□Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
□Other		Other	Other
□Manager	Name:	∐ Manager	Name:
□Member	Address:	☐ Member	Address:
□Authorized		Authorized	
Person		Person	
□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.



Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ALYA GRENELEFE MANAGER 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-SECOND DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALYA GRENELEFE MANAGER LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2021.

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

at corp delaware gov/auth

Authentication: 205055733

Date: 12-22-21