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INC. 236 East 6

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

	legistration Section livision of Corporations						
SUBJECT	Alta Mara Capital, LLC						
O D D C C		Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Creterenced foreign limited liability company to transact busine					
Please retu	irn all correspondence concerning this matter t	o the following:					
	Meegan T. Motisi						
		Name of Person					
		Firm/Company					
	One Town Center Road, Suite 300						
		Address	202				
	Boca Raton, FL 33486		2022 JAN 19 PH				
	(City/State and Zip Code	19				
	mmotisi@kaynecapital.com	() · · · · · · · · · · · · · · · · · ·	70				
	E-mail address: (to b	e used for future annual report notification)	<u> </u>				
For further	r information concerning this matter, please ca	ill:	bH 4:54				
N	Meegan T. Motisi	561 300-6263					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee					
Т	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
þ	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$ \$125.00 Filing Fee \$130.00 Filing Fe Certificate	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, C					

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

IN COMPILANCE WITH SECTION (05,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in Flo	orida. The alte	ernate name must include "Limited Liabili	ty Company," "L.L.C."	or "1.
Delaware	nich foreige limited liability company is organized)	3	(Fiti number, u		
(Jurisdiction under the law of wi	nich foreign (imited liability company is organized)		(Fr.) numoer, u	: white store)	
	(Date first transacted business in Florida, if prior to to (See sections 605 0904 & 605,0905, F.S. to determine	reistration)		_	
				200	
One Town Center Road, Suite 300		6	ne Town Center Road, Suite (Mulling Address)		
Boca Raton, FL 33486		В	oca Raton, FL 33486		
		_		<u></u> مر	2022 JAN
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acc	ceptable)	37	9
Name:	Meegan T. Motisi			्रिक् (१८८) ह्या - स्या -	PM 4: 9
Office Address:	One Town Center Road, Suite 300		<u>.</u>	F".	45
	Boca Raton		33486 Florida		
	(City)		(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.

By: Acegan T. Motivi

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 Canacity:	Name and Address:		
■Manager	Name: Albert Rabil, III	■Manager	Name: Tamara L. Rabil		
[]Member	Address: One Town Center Road	□Member	Address: One Town Center Road,		
□Authorized	Suite 300, Boca Raton, FL 33486	FlAuthorized	Suite 300, Boca Raton, FL 33486		
Person		Person			
□Other	Other	Other	□Other		
□Manager	Name:	□Manager	Name:		
□Member	Address:	[]Member	Address:		
□Authorized		□Authorized			
Person		Person	~~~~		
□Other	Other	[]Other	2022 JAN		
∐Manager	Name:	□Маладет	Name:		
⊔Member	Address:	□Member	Address:		
[] Authorized		□Authorized	<u></u> 2		
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.

Meegan T. Motisi

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALTA MARA CAPITAL, 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 NINETEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTA MARA

CAPITAL, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D.

2022.

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





Authentication: 202427317

Date: 01-19-22

6549296 8300 SR# 20220169388