

W22000014664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

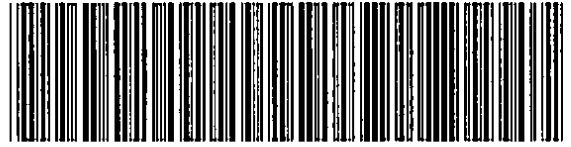
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S. FRANKLIN

SEP 21 2022

REC
9/19/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL157 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:

RICHARD GULLIVER

Name of Person

ALL157 LLC

Firm/Company

~~122 REGATTA DR~~ 120 CLIPPER LN

Address

JUPITER FL 33477

City/State and Zip Code

Rick.Gulliver@hubinternational.com

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

2022 SEP 19 PM 7:13

For further information concerning this matter, please call:

EDWIN T BRONDO

727

644 1814

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

RECEIVED

SEP 19 2022

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. ALLIS7 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

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

3. 87 483 9919
(FEI number, if applicable)

4. FEBRUARY 8 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 122 REGATTA DR 120 CLIPPER LN
(Street Address of Principal Office)

JUPITER FL

33477

6. 122 REGATTA DR 120 CLIPPER LN
(Mailing Address)

JUPITER FL

33477

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

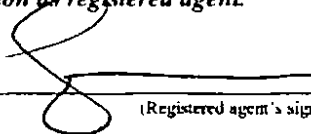
Name: EDWIN BRONDO

Office Address: 305 9TH ST S STE 324

SAINT PETERSBURG, Florida 33705
(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.


(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]:

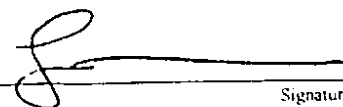
<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name:	RICHARD GULLIVER	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	120 CLIPPER LN 122 REGATTA DR	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized	JUPITER FL 33477	_____	<input type="checkbox"/> Authorized	_____	_____
Person	_____	_____	Person	_____	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Manager	Name:	_____	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	_____	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized	_____	_____	<input type="checkbox"/> Authorized	_____	_____
Person	_____	_____	Person	_____	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Manager	Name:	_____	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	_____	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized	_____	_____	<input type="checkbox"/> Authorized	_____	_____
Person	_____	_____	Person	_____	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	_____

2022 SEP 19 PM 7:24

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.



Signature of an authorized person.

EDWIN T BRONDO

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLI57 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLI57 LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2022.

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

2022 SEP 19 PM 7:13




Jeffrey W. Bullock, Secretary of State

6587365 8300

SR# 20223529209

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

Authentication: 204397853

Date: 09-15-22