

M22000014756

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000326131 3)))



H220003261313ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : RASI
Account Number : I20220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

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

Email Address: _____

Foreign Limited Liability Company
ALCOTT HR MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 SEP 22 PM 12:16
RECEIVED
STATE OF FLORIDA

2022 SEP 22 AM 11:16
FILED
STATE OF FLORIDA

DocuSign Envelope ID: 2CBBC2FA-6615-4186-84A5-5718D495ED12

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. Alcott HR Management 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. 35-2639837
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/05/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 71 Executive Blvd Ste 1
(Street Address of Principal Office)
Farmingdale, NY 11735
6. 71 Executive Blvd Ste 1
(Mailing Address)
Farmingdale, NY 11735

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

Name: Registered Agent Solutions, Inc.
Office Address: 155 Office Plaza Drive, Suite A, LLC

Certification	IV	0	32301
Certification	IV	6	Florida
Page Count		03	(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)

DocuSign Envelope ID: 2CBBC2FA-8615-4186-84A5-6718D495ED12

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: Steven Politis	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 71 Executive Blvd Ste 1	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Farmingdale, NY 11735	<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 _____
<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 _____

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. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the state of 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 any 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.

DocuSigned by: 

Signature of an authorized person
Steven Politis-Authorized Person
Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, 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: ALCOTT HR MANAGEMENT LLC
DOS ID Number: 5471796
Entity Type: FOREIGN LIMITED LIABILITY COMPANY
Entity Status: AUTHORIZED
Date of Initial Filing with DOS: 01/09/2019
Statement Status: CURRENT
Statement Due Date: 01/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	APPLICATION OF AUTHORITY	Document
Date of Filing:	01/09/2019	Date of Filing
Entity Name:	ALCOTT HR MANAGEMENT, LLC	Entity Name
Document Type:	CERTIFICATE OF PUBLICATION	Document
Date of Filing:	03/11/2019	Date of Filing
Document Type:	BIENNIAL STATEMENT	Document
Date of Filing:	06/15/2021	Date of Filing
Effective Date:	01/01/2021	Effective Date

Above space is left blank intentionally.

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 September 20, 2022 at 04:27 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

850-617-6381

9/21/2022 10:56:19 AM PAGE 1/001 Fax Server



September 21, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI

SUBJECT: ALCOTT HR MANAGEMENT LLC
REF: W22000120374

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

The certificate submitted is illegible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist IIof State FAX Aud. #: H22000326131202
Letter Number: 222A00021032Sharon D Franklin
Regulatory Specialist II

P.O. BOX 6327 - Tallahassee, Florida 32314