

M23000001214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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2023 JAN 28 PM 2:58

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2023 JAN 30 AM 8:35

ALLAHASSEE, FLORIDA

JAN 30 2023

K. Brumby

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: James F. Full

A & L Private Capital LLC

Business Name

Document Number, (if known):

 Walk in

 Pick up time

 Mail out

 Will wait Photocopy

 Certified Copy of Articles of Incorporation

 Certificate of Status

NEW FILINGS

 Profit

 Not for Profit

 Limited Liability

 Domestication

 Other

 CORP

 PLLC

AMMENDMENTS

 Amendment

 Resignation of R.A. Officer/Director

 Change of Registered Agent

 Revocation of Dissolution

 Merger

 Conversion

 Amended and restated Articles

 Statement of Authority

OTHER FILINGS

 Annual Report

 Fictitious Name

 APOSTIL()
Country

REGISTRATION/QUALIFICATIONS

 X Foreign filing

 Limited Partnership

 Reinstatement

 Other

EXAMINER'S INITIALS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A&L PRIVATE CAPITAL INC

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:

WILLIAM A ARISTIZABAL JR.

Name of Person

A&L PRIVATE CAPITAL INC

Firm/Company

1800 NE 114 ST APT 808

Address

MIAMI, FL 33181

City/State and Zip Code

alejandro.waristizabal@gmail.com

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

For further information concerning this matter, please call:

WILLIAM A ARISTIZABAL JR.

786

643-1083

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

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. A&L PRIVATE CAPITAL INC.,
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
A&L PRIVATE CAPITAL INC
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 92-1919590
(FEI number, if applicable)
4. 01/25/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1800 NE 114 STREET APT# 808
(Street Address of Principal Office)
MIAMI, FL
33181
6. 1800 NE 114 STREET APT# 808
(Mailing Address)
MIAMI, FL
33181

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

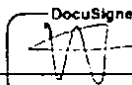
Name: WILLIAM A ARISTIZABAL JR.

Office Address: 1800 NE 114 STREET APT# 808

MIAMI, Florida 33181
(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.

DocuSigned by:

3C6CCC598BBB487 (Registered agent's signature)

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 2023 JAN 30 PM 2:58
 FILED
 APPLICATION

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:**

☒ Manager Name: WILLIAM A ARISTIZABAL JR.

☐ Member Address: 1800 NE 114ST. APT 808

☐ Authorized MIAMI, FL 33181

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

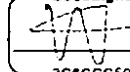
☐ Other _____ ☐ Other _____

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) (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:



3C6CCC598BB487

Signature of an authorized person

WILLIAM A ARISTIZABAL JR.

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A&L PRIVATE CAPITAL INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A&L PRIVATE CAPITAL INC." WAS INCORPORATED ON THE NINETEENTH DAY OF JANUARY, A.D. 2023.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

7245836 8300

SR# 20230258491

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

Authentication: 202575728

Date: 01-25-23