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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

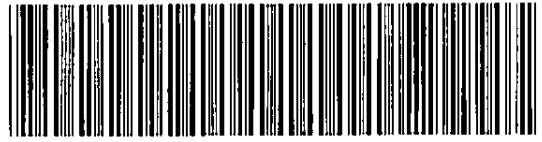
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Sharon L. Morris, Pa.C.P., NJCP
Paralegal

Direct Dial (215) 241-7721
E-mail: smorris@wgpllp.com

April 10, 2023

VIA FEDEX

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

**Re: Application for Foreign Qualification
Alpert Family Real Estate LLC (Indiana domiciled LLC)**

Dean Sir/Madame:

Enclosed please find the filing Cover Letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Alpert Family Real Estate LLC, an Indiana domiciled limited liability company. Also enclosed is the Certificate of Existence from the State of Indiana for Alpert Family Real Estate LLC, as well as our check in the amount of \$125.00 payable to the Florida Department of State to cover the filing fee.

A name availability search was conducted through Sunbiz.org and there appear to be no conflicts with the name.

In order to expedite return of the filed documents, I have enclosed a pre-addressed paid FedEx return envelope. Copies may also be emailed to me at smorris@wgpllp.com as registered through Sunbiz.org.

If you have any questions regarding the enclosed, or you require any additional information, please do not hesitate to contact me directly at (215) 241-7721 or by email at smorris@wgpllp.com.

Sincerely yours,

Sharon L. Morris, Pa.C.P., NJCP
Paralegal

/slm
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpert Family Real Estate 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:

Sharon L. Morris, Pa.C.P., NJCP, Paralegal
Name of Person
Weir Greenblatt Pierce LLP
Firm/Company
1339 Chestnut Street, Suite 500
Address
Philadelphia, PA 1910
City/State and Zip Code
smorris@wgpllp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon L. Morris at (215) 241-7721
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. Alpert Family Real Estate 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. State of Indiana (Jurisdiction under the law of which foreign limited liability company is organized)
3. 92-2219044 (FEI number, if applicable)

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

5. 1053 Hillsboro Mile, Unit 703 (Street Address of Principal Office)
6. 1063 Hillsboro Mile, Unit 703 (Mailing Address)
Hillsboro Beach, FL 33062 Hillsboro Beach, FL 33062

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

Name: Cogency Global, Inc.
Office Address: 115 North Calhoun Street, Suite 5
Tallahassee, Florida 32301
(City) (Zip code)

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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.

Colleen Hernandez
(Registered agent's signature)

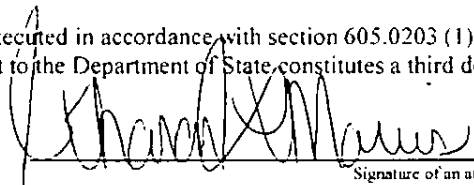
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>The Alpert Family Trust</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>c/o Eric Alpert, Trustee</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>1063 Hillsboro Mile, Unit 703</u> <u>Hillsboro Beach, FL 33062</u>	<input type="checkbox"/> Authorized 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 Person	_____ _____	<input type="checkbox"/> Authorized 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 Person	_____ _____	<input type="checkbox"/> Authorized 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.

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

Sharon L. Morris, Paralegal, Authorized Representative

 Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

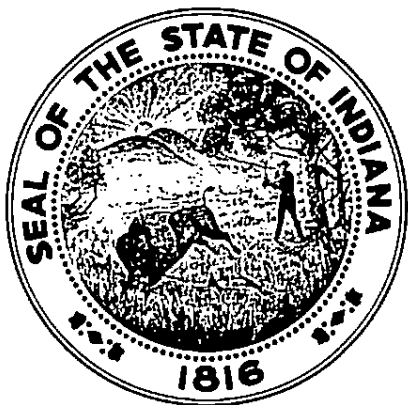
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

ALPERT FAMILY REAL ESTATE LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 08, 2023, and was in existence or authorized to transact business in the State of Indiana on April 10, 2023.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 10, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202302081662036 / 20233121187

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on May 10, 2023.