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JUN 1 2 2023 , Blumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 789216 7882647

AUTHORIZATION : if

COST LIMIT : \$130.00

ORDER DATE: June 2, 2023

ORDER TIME : 8:34 AM

ORDER NO. : 789216-005

CUSTOMER NO: 7882647

\_\_\_\_\_

## FOREIGN FILINGS

NAME: ALLIANCE GATOR DRIVE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

## COVER LETTER

TO:

Registration Section

pplication by Foreign Limited Liability ( heck are submitted to register the above	Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in
correspondence concerning this matter t	to the following:
	Name of Person
	Firm/Company
	Address
C	City/State and Zip Code
E-mail address: (10 b	e used for future annual report notification)
mation concerning this matter, please ca	
Name of Contact Person	at () Area Code Daytime Telephone Number
Address:	Street Address:
	Registration Section Division of Corporations
•	The Centre of Tallahassee
	2415 N. Monroe Street, Suite 810
ACCOUNT TO SHOUL !	Tallahassee, FL 32303
	E-mail address: (10 b

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

IN COMPLIANCE WITH SECTION 695,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate i	iame adopted for the purpose of transacting business in F	lorida The	alternate name must include "Limited Liabil	ity Company," "L.L.C," o	r "l.l.C.")
Delaware 2		3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J.	(FEI number, )	(fapplicable)	<del></del>
4					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ine penalty	) lability (		
40 Morris Ave., Suite 5.		6	40 Morris Ave., Suite 230		
5. (Street Address of Principal Office)		U. ,	(Mailing Address)		_
Bryn Mawr, PA 19010	)	_	Bryn Mawr, PA 19010		
				21	
-	****	-		· · · · · · · · · · · · · · · · · · ·	
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT a	cceptable)	: 5	
				$\sim$	F 22.
Name:	Corporation Service Compnay			7	
	1201 Hays Street			<u>ئ</u>	
Office Address:				<u></u>	
	Tallahassee		32301 Florida		
	(City)		(Zip code)	<del></del>	
designated in this applicat to comply with the provision	gistered agent and to accept service of plion. I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent.	s registe. and con	red agent and agree to act in to aplete performance of my duti	his capacity. I fur	ther agree
	Alyxin Weilard-		1, AVP	_	

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 Capacity:	Name and Address:
□Manager	Name: Clay W. Hamlin	□Manager	Name: Richard R. Previdi
■Member	Address: 40 Morris Ave., Suite 230	■Member	Address: 40 Morris Ave., Suite 230
□Authorized	Bryn Mawr, PA 19010	□Authorized	Bryn Mawr, PA 19010
Person		Person	
Other	Other	Other	□Other
□Manager	Name: Frank Zazzera	■Manager	Name:
□Member	Address: 40 Morris Ave., Suite 230	□Member	Address:40 Morris Ave., Suite 230
■Authorized	Bryn Mawr, PA 19010	□Authorized	Bryn Mawr, PA 19010
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□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.

Frank Joygua	•
	Signature of an authorized person
Frank Zazzera, CFO	
·	Typed ar printed name of single

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ALLIANCE GATOR DRIVE 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 NINTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLIANCE GATOR DRIVE LLC" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2023.

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

Authentication: 203522950

Date: 06-09-23