

Florida Department of
Division of Corporations
Electronic Filing Cover Sheet

((H23000262915 3)))



1
 2
 3
 4
 5
 6
 7
 8
 9
 10

2023 AUG -2 AM 10:16

DEPARTMENT OF STATE
DIVISION OF CONSOB, FLORIDA
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2100 Alamanda, 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:

Bridgette Alvarez, Esq.

Name of Person

Miami Legal, P.A.

Firm/Company

300 Aragon Avenue, Suite 310

Address

Coral Gables, FL 33134

City/State and Zip Code

Bridgette@MiamiLegalPA.com

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

For further information concerning this matter, please call:

Bridgette Alvarez, Esq.

305

668-6449

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

H23000262915

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. 2100 Alamanda, 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. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 576 Valley Road, Box #304
(Street Address of Principal Office)

6. 576 Valley Road, Box #304
(Mailing Address)

Wayne, NJ 07470

Wayne, NJ 07470

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

Name: Miami Legal, P.A.

Office Address: 300 Aragon Avenue, Suite 310

Coral Gables, Florida 33134
(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)

FILED
2023 AUG -2 AM 10:36
SECRETARY OF STATE
FLORIDA

H23000262915

H23000262915

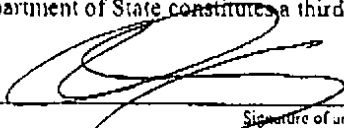
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Luis Pina</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>576 Valley Road, Box #304</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Wayne, NJ 07470</u>	<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.

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

Bridgette Alvarez, Authorized Representative

Typed or printed name of signer

H23000262915

H23000262915

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

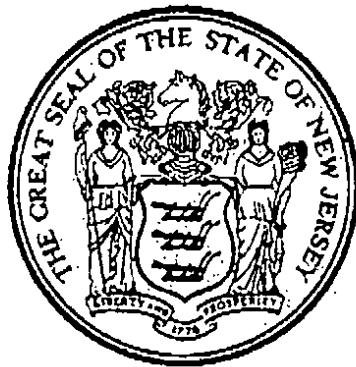
**2100 ALAMANDA LLC
0450999117**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 21, 2023.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

LUIS PINA
576 VALLEY RD
WAYNE, NJ 07470



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
24th day of July, 2023*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6145067213

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

H23000262915

H23000262915

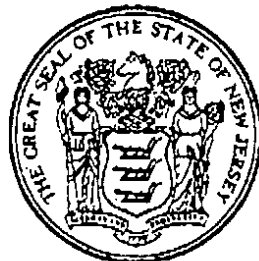
NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

2100 ALAMANDA LLC
0450999117

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 07/21/2023 and was assigned identification number 0450999117. Following are the articles that constitute its original certificate.

1. **Name:**
2100 ALAMANDA LLC
2. **Registered Agent:**
LUIS PINA
3. **Registered Office:**
576 VALLEY RD
WAYNE , NEW JERSEY 07470
4. **Business Purpose:**
REAL ESTATE
5. **Effective Date of this Filing is:**
07/21/2023
6. **Members/Managers:**
LUIS PINA
576 VALLEY RD BOX #304
WAYNE, NEW JERSEY 07470
7. **Main Business Address:**
576 VALLEY RD BOX #304
WAYNE , NEW JERSEY 07470

Signatures:LUIS PINA
AUTHORIZED REPRESENTATIVE

Certificate Number: 4214672303

Verify this certificate online at

https://www1.state.nj.us/TYTR/standingCertJSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
21st day of July, 2023

Elizabeth Maher Muoio
State Treasurer

H23000262915