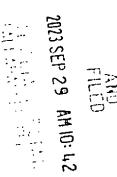
# M23000012533

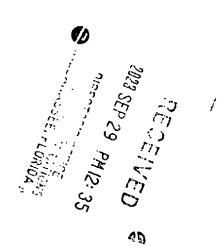
|                         | (Requestor's Name)       |      |
|-------------------------|--------------------------|------|
|                         |                          |      |
|                         | (Address)                |      |
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|                         | (City/State/Zip/Phone #) |      |
|                         |                          |      |
| PICK-UP                 | WAIT                     | MAIL |
|                         |                          |      |
|                         |                          |      |
|                         | (Business Entity Name)   |      |
|                         | (Basiness Erany Hame)    |      |
|                         |                          |      |
|                         | (Document Number)        |      |
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|                         |                          |      |
| Certified Copies        | Certificates of St       | atus |
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| Special Instructions to | Filing Officer:          |      |
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Office Use Only



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K. Brumbley

### **CT CORP**

#### (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

Date: 09/29/2023

Acc#120160000072

| Name:                              | ALFPOC1 LLC             |
|------------------------------------|-------------------------|
| Document #:                        |                         |
| Order #:                           | 15147455                |
|                                    |                         |
| Certified Copy of Arts<br>& Amend: |                         |
| Plain Copy:                        |                         |
| Certificate of Good<br>Standing:   |                         |
| Certified Copy of                  |                         |
| Apostille/Notarial                 | Country of Destination: |
| Certification:                     | Number of Certs:        |
| Filing: 🗸                          | Certified:              |
|                                    | Plain:                  |
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|                                    |                         |
| Availability                       | ]                       |
| Document                           | Amount: \$ 155.00       |
| Examiner                           |                         |
| Updater                            |                         |
| Verifier                           |                         |
|                                    |                         |
| W.P. Verifier<br>Ref#              |                         |

Thank you

#### COVER LETTER

TO:

| TO:                    | Registration Section Division of Corporations   |   |  |  |  |
|------------------------|---|---|--|--|--|
| SUBJ                   | ECT:  |   |  |  |  |
|                        | Name of   | f Limited Liability Company   |  |  |  |
|                        |   | mpany for Authorization to Transact Business in Florida," Certificate of crenced foreign limited liability company to transact business in Florida. |  |  |  |
| Please                 | return all correspondence concerning this matter to the   | ne following:   |  |  |  |
|                        | Angela Humphreys  |   |  |  |  |
|                        | Name of Person  |   |  |  |  |
| Bass, Berry & Sims PLC |   |   |  |  |  |
|                        |   | Firm/Company  |  |  |  |
|                        | 150 Third Avenue South, Suite 2800  |   |  |  |  |
|                        |   | Address   |  |  |  |
|                        | Nashville, TN 37201   |   |  |  |  |
|                        | City/State and Zip Code   |   |  |  |  |
|                        | ahumphreys@bassberry.com  |   |  |  |  |
|                        | E-mail address: (to be us   | ed for future annual report notification)   |  |  |  |
| For fu                 | erther information concerning this matter, please call:   |   |  |  |  |
|                        | Alison Shores   | 901 543-5978<br>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 DEPAK  \$125.00 Filing Fee \$130.00 Filing Fee &  Certificate of S | \$155.00 Filing Fee & S160.00 Filing Fee, Certificate   |  |  |  |

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

IN COMPLIANCE WITH SECTION 66.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign                  | Limited Liability Company; must include "Lim   | nted Liabilii  | y Company," "L.L.C.," or "LLC.")                 |  | _       |
|-----------------------------------|--|----------------|--|--|---------|
| name unavailable, enter alternate | name adopted for the purpose of transacting business is  | n Florida The  | alternate name must include "Limited Liability C | ompany," "L.L.C," or   | "LLC."  |
| Delaware                          | hich foreign limited liability company is organized)   | 3.             | 35-2807983                                       |  | _       |
|                                   | (Date first transacted business in Florida, if prior (See sections 605 0904 & 603 0905, F.S. to dete | to registratio | n)   |  |         |
| c/o Kaufman Rossin &              |  | 6.             | c/o Kaufman Rossin & Co.                         |  | _       |
| 3310 Mary Street, Suit            | e 501  |                | 3310 Mary Street, Suite 501                      |  | _       |
| Miami, FL 33133                   |  |                | Miami, FL 33133                                  | <u> </u>   | 2023    |
| Name and street addres            | ss of Florida registered agent: (P.O. B  | ox <u>NOT</u>  | acceptable)                                      |  | SEP 2   |
| Name:                             | C T Corporation System   |                | ——————————————————————————————————————           | .61.<br>: [] [.  | 9 AH    |
| Office Address:                   | 1200 South Pine Island Road  |                |  | ere (j. 1<br>13. september<br>17. se | 110: 42 |
|                                   | Plantation (City)  |                | 33324<br>Florida                                 |  | , 0     |

#### 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.

| Stephane Hanny | Stephanie Hencz, Assistant Secretary |
|----------------|--------------------------------------|
|                | (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]:

| Title or Capacity: | Name and Address:                   | Title or Capacity: | Name and Address:                 |
|--------------------|-------------------------------------|--------------------|-----------------------------------|
| <b>■</b> Manager   | Name: Michail Alexandros Tsantoulis | □Manager           | Name: ALFPHCI LLC                 |
| □Member            | Address: c/o Kaufman Rossin & Co.   | ■Member            | Address: c/o Kaufman Rossin & Co. |
| □Authorized        | 3310 Mary Street, Suite 501         | □Authorized        | 3310 Mary Street, Suite 501       |
| Person             | Miami, FL 33133                     | Person             | Miami, FL 33133                   |
| □Other             | Other                               | □Other             | Other                             |
| □Manager           | Name:                               | □Manager           | Name:                             |
| □Member            | Address:                            | □Member            | Address:                          |
| □Authorized        |                                     | □Authorized        |                                   |
| 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.

|                                   | _ |
|-----------------------------------|---|
| Signature of an authorized person |   |
| Michail Alexandros Tsantoulis     |   |
| Typed or printed name of signee   |   |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ALFPOC1 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2023.

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



Authentication: 204273049

Date: 09-29-23