Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company Alpha Equity Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

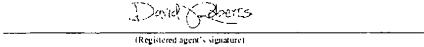
Corporate Filing Menu

Help

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:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternat	e name must include "Limited Liabit	ity Company."	"LLC." or	 "LLC.")
Nevada		3.				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number.	il applicable)	 .	_
	(Date first transacted business in Florida, if prior to 1 (See sections 605-0904) & 605-0905, F.S. to determine	registration.) ne penalty hability	yl .			
7901 4th St N STE 300		7901	4th St N STE 300			
reet Address of Principal Office)		V	(Mailing Address)			_
St. Petersburg, FL 33702		St. P	etersburg, FL 33702			
						_
Name and street address Name:	ss of Florida registered agent: (P.O. Box Registered Agents Inc	<u>NOT</u> accep	table)		2023 HOY	
Name:		NOT accep	table)	·	2023 NOV 15 1	
	Registered Agents Inc	NOT accep	table)	<u>;</u>	PH	- - - - - -
Name:	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg		– – _ , Florida <u>33702</u>			
Name:	Registered Agents Inc 7901 4th St N STE 300		table) Florida 33702 (Zip code)		PH 4:	مرد ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا



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 Capaci	<u>ty:</u>	Name and Address:
□Manager	Name:	□Manager	Name:	
⊠Member	Address:	□Member	Address: _	
□Authorized	7901 4th St N STE 300	□Authorized		
Person	St. Petersburg, FL 33702	Person		
□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

<u>Important Notice</u>: 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.

	Rolling Joney	
	Signature of an authorized person	
Robin Jones		
	Typed or printed name of signer	





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, Alpha Equity Services LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 11/10/2023, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



Certificate Number: B202311154116770

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/15/2023.

Tqulan

FRANCISCO V. AGUILAR Secretary of State