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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

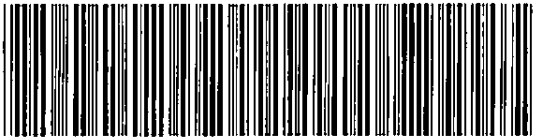
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/12/24--01031--014    \*\*125.00

RECEIVED

JUN 11 2024

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALPHAS TECHNOLOGY 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:

EVELYN CORREA

Name of Person

CORREA ACCOUNTING IMMIGRATION AND TRAVEL AGENCY LLC

Firm/Company

16025 NW 47TH AVE

Address

OPALOCKA, FL 33054

City/State and Zip Code

CORREAAB2018@GMAIL.COM

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

For further information concerning this matter, please call:

EVELYN CORREA

786

439-4141

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

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. ALPHAS TECHNOLOGY 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 HAMPSHIRE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-4355621

(FPI number, if applicable)

4. 06/01/2024

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

5. 1756 SE 26RD

(Street Address of Principal Office)

6. 1756 SE 26RD

(Mailing Address)

HOMESTEAD, FL 33035

HOMESTEAD, FL 33035

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

Name: EVELYN CORREA

Office Address: 16025 NW 47TH AVE

OPALOCKA

(City)

Florida 33054

(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)

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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: JHONNY ROSARIO	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1756 SE 26RD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	HOMESTEAD, FL 33035	<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 605.0205 (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.

JHONNY ROSARIO

Signature of an authorized person

Typed or printed name of signer

# State of New Hampshire

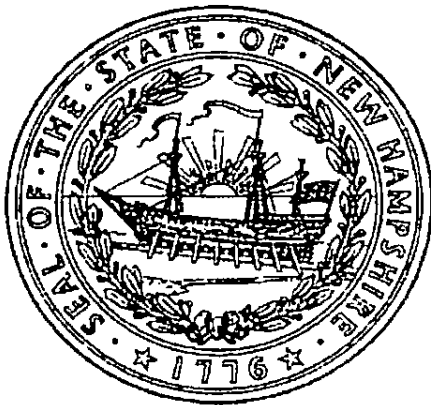
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that ALPHAS TECHNOLOGY LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on December 16, 2020. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned; and the attached is a true copy of the list of documents on file in this office.

Business ID: 858239

Certificate Number: 0006694209



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 24th day of May A.D. 2024.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State



# State of New Hampshire

## Department of State



Business Name : ALPHAS TECHNOLOGY LLC

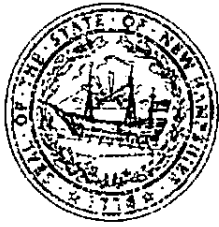
Business ID : 858239

### Filing History

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0006662713	04/08/2024	04/08/2024	Registered Agent Change	N/A
0006565975	02/06/2024	02/06/2024	Annual Report	2024
0006465036	01/04/2024	01/04/2024	Annual Report Reminder	N/A
0006300374	08/23/2023	08/23/2023	Change of Business Address	N/A
0006300371	08/23/2023	08/23/2023	Change of Managers / Members	N/A
0006204402	04/12/2023	04/12/2023	Annual Report	2023
0006127000	02/23/2023	02/23/2023	Change of Managers / Members	N/A
0006126999	02/23/2023	02/23/2023	Change of Managers / Members	N/A
0006030102	01/07/2023	01/07/2023	Annual Report Reminder	N/A
0005913443	12/28/2022	12/28/2022	Change of Managers / Members	N/A
0005908828	12/15/2022	12/15/2022	Change of Managers / Members	N/A
0005889523	10/27/2022	10/27/2022	Change of Managers / Members	N/A
0005827251	07/11/2022	07/11/2022	Registered Agent Address Change	N/A
0005834765	07/11/2022	07/11/2022	Amendment	N/A
0005827270	07/11/2022	07/11/2022	Annual Report	2022
0005606913	01/11/2022	01/11/2022	Annual Report Reminder	N/A
0005438877	09/02/2021	09/02/2021	Change of Managers / Members	N/A
0005438786	09/02/2021	09/02/2021	Change of Business Address	N/A
0005057826	12/16/2020	12/16/2020	Business Formation	N/A

### Trade Name Information

Business Name	Business ID	Business Status
No Trade Name(s) associated to this business.		



**State of New Hampshire**  
**Department of State**



**Name History**

Name	Name Type
No Name Changes found for this business.	

**Principal Information**

Name	Title
JHONNY ROSARIO	Manager
Jhonny Rosario	Member