

M240000 15809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

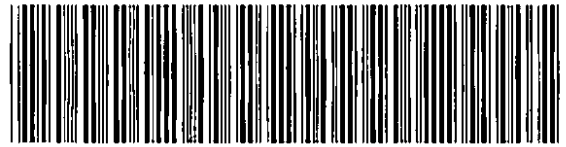
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500439778215

RECEIVED

NOV 18 2024

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 18 AM 11:46

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aline Accounting Partners, 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:

Robert F. Iocco

Name of Person

Aline Accounting Partners, LLC

Firm/Company

4805 W Laurel St, Suite 100

Address

Tampa, FL 33607

City/State and Zip Code

bob.iocco@alineaccounting.com

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

For further information concerning this matter, please call:

RobertF Iocco

Name of Contact Person

at (_____)

Area Code

386-478-8426

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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Aline Accounting Partners, 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. Delaware 3. 99-4032392
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. 8-15-2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 4805 W Laurel St, Suite 100 6. 4805 W Laurel St, Suite 100
(Street Address of Principal Office) (Mailing Address)

Tampa, FL 33607 Tampa, FL 33607

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

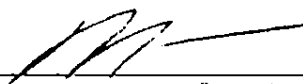
Name: Robert F Iocco

Office Address: 4805 W Laurel St., Suite 100

Tampa, Florida 33607
(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
2024 NOV 18 AM 11:46
STATE OF FLORIDA
TALLAHASSEE, FL

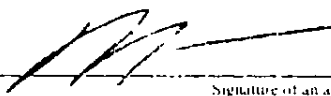
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Matthew A. Lender</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Robert F Iocco</u>
<input type="checkbox"/> Member	Address: <u>8736 Steeplechase Dr</u>	<input type="checkbox"/> Member	Address: <u>2424 Vista Palm Dr</u>
<input type="checkbox"/> Authorized	<u>Palm Beach Gardens, FL 33418</u>	<input type="checkbox"/> Authorized	<u>Edgewater, FL 32141</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Kaleb Hunter Iocco</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>19018 Kanawha Dr</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Cornelius, NC 28031</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 _____

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

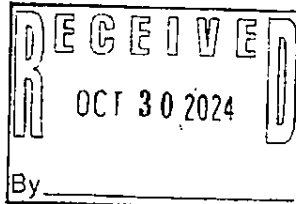
Robert F. Iocco

Typed or printed name of signee

**State of Delaware**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8965810
ROBERT IOCCO
4805 W LAUREL ST
SUITE 100
TAMPA, FL 33607



10-17-2024

ATTN: ALINE ACCOUNTING PARTNERS

DESCRIPTION	AMOUNT
-------------	--------

4220976 - ALINE ACCOUNTING PARTNERS, LLC
Entity Status - Short Form

Certification Fee	\$50.00
Expedite Fee, Same Day	\$50.00
TOTAL CHARGES	\$100.00
TOTAL PAYMENTS	\$100.00
 BALANCE	 \$0.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALINE ACCOUNTING PARTNERS, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALINE ACCOUNTING PARTNERS, LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2024.

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



4220976 8300

SR# 20243967003

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204652006

Date: 10-17-24

Aline Accounting Partners, LLC

November 11, 2024

Corey Pettway, Regulatory Specialist II
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Aline Accounting Partners, LLC
W24000133236

Dear Corey,

Please find enclosed the documentation to register a foreign limited liability company to transact business in Florida, along with our Delaware Certificate, and the fee of \$125.

Best regards,

Heidi Wisneski

