

M99000000373

Florida Filing & Search  
Requestor's Name

3/9

Address

668-4318

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Alianza, LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

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99 MAR 9 PM 2:52

DIVISION OF CORPORATION

Walk in

Mail out

☐

Pick up time

☐

Certified Copy

☐

Will wait

☐

Photocopy

☐

Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input type="checkbox"/>            | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION |                     |
|-----------------------------|---------------------|
| <input type="checkbox"/>    | Foreign             |
| <input type="checkbox"/>    | Limited Partnership |
| <input type="checkbox"/>    | Reinstatement       |
| <input type="checkbox"/>    | Trademark           |
| <input type="checkbox"/>    | Other               |

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\*\*\*285.00 \*\*\*285.00

|                   |        |
|-------------------|--------|
| Name Availability | LC3-16 |
| Document Examined | CR     |
| Updated           | CR     |
| Updated Verifier  | CR     |
| Approved          | CR     |
| W. P. V.          | CR     |

1199-373



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 9, 1999

FLORIDA FILING & SEARCH

SUBJECT: ALIANZA, LLC  
Ref. Number: W99000005697

99 MAR -9 PM 5:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ALIANZA, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

A description of the property must be included. On #8 the individual must be titled manager or managing member.,

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 499A00011027

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Please give  
orig. Fr date  
Thanks  
Paul*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. ALIANZA, L.L.C.  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 52-2137506  
(FEI number, if applicable)
4. JANUARY 4, 1999  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. JANUARY 14, 1999  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 2000 Iseland Boulevard # 1001  
Aventure, Florida 33160  
(Street address of principal office)
8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

| NAME & ADDRESS:                | TITLE:          | NAME & ADDRESS: | TITLE: |
|--------------------------------|-----------------|-----------------|--------|
| <u>EDUARDO GANEM</u>           | <u>MANAGING</u> |                 |        |
| <u>1601 NORTHWESTERN DRIVE</u> | <u>MEMBER</u>   |                 |        |
| <u>EL PASO, TEXAS 79912</u>    |                 |                 |        |
|                                |                 |                 |        |
|                                |                 |                 |        |
|                                |                 |                 |        |
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|                                |                 |                 |        |
|                                |                 |                 |        |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of ALIANZA, L.L.C.  
\_\_\_\_\_ certifies:

- 1) the above named limited liability company has at least <sup>one</sup>~~two~~ members;
- 2) the total amount of cash contributed by the member(s) is \$443,000.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 60,000.00 ;  
(A description of the property is attached and made a part hereto.)  
and
- 4) the total amount of cash and property contributed and anticipated to be contributed  
by member(s) is \$ 503,000.00 .  
(This total includes amounts from 2 and 3 above.)

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

EDUARDO GANEM, SOLE MEMBER

Typed or printed name of signee

**Filing Fee: \$250.00 for Application and Affidavit**

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99 MAR -9 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ALIANZA, L.L.C.

2. The name and address of the registered agent and office is:

NRAI SERVICES, INC.

(Name)

526 E. PARK AVENUE

(P.O. Box not acceptable)

TALLAHASSEE, FLORIDA 32301

(City/State/Zip)

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TALLAHASSEE, FLORIDA

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Delanii Lundgren, asst sec.  
(Signature)

3-8-99  
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

Exhibit to Affidavit  
To  
Application for Authority in Florida  
of  
ALIANZA, L.L.C.

DESCRIPTION OF PROPERTY

Type of vessel: 95 Sunseeker 55 Camargue  
Official # 1056071  
Name: ESES I

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALIANZA, L.L.C." 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 FIFTH DAY OF JANUARY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALIANZA, L.L.C." WAS FORMED ON THE FOURTH DAY OF JANUARY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

2987760 8300

991002317

AUTHENTICATION:

9502751

DATE:

01-05-99