Division 1903 0000 2458

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : THE KIRWAN LAW FIRM

Account Number: 120020000151
Phone: (407)210-6622

Phone : (407)210-6622 Fax Number : (407)540-9484

FOREIGN LIMITED LIABILITY COMPANY

ACMG, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$125.00	

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SION OF CORPORATION

M03-2458

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

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

ACMG, LLC	e of foreign limited liability company)
Delaware urisdiction under the law of which foreign limit	3 70-0097327
July 14, 2003 (Date of Organization)	5. 2050 (Duration: Year limited liability company will cease to exist or "perpetual")
Upon qualification	
1215 Via Lugano	Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
Winter Park, Florida 32789	
(5	treet address of principal office)
If limited liability company is a manage	r-managed company, check here 🗹
The name and usual business addresses	of the managing members or managers are as follows:
James Carlsen, M.D.	Karen P. Carlsen
1215 Via Lugano	1215 Vla Lugano
Winter Park, Florida 32789	Winter Park, Florida 32789
Attached is an original certificate of existence, no a the jurisdiction under the law of which it is organi translation of the certificate under oath of the trans Nature of business or purposes to be co	•
• *	muscice of promotes in riones.
Signature of a memb	cr or an authorized representative of a member. 608.408(3), F.S., the execution of this document constitutes

Typed or printed name of signee

Delaware

PAGE 1

H03000239146 f

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE. DO HEREBY CERTIFY "ACMG, 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 FIFTEENTH DAY OF JULY, A.D. 2003.

3681262 8300 030462971

Glannist Smith Hindson Herriet Smith Windson, Secretary of Sease

AUTHENTICATION: 2528361

DATE: 07-15-03

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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 SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	f the Limited Liability (Company is:	· <u>—</u>	
ACMG, LLC				• • .
7. The name ar	nd the Florida street add	dress of the registered agent and office are:		
	James Carlsen, M	the state of the s		
		(Name)		
	1215 Via Lugano			
	Florida stro	ect address (P.O. Box <u>NOT</u> ACCUPTABLE)	-	-
	Winter Park	FL 32789		
		(City/State/Zip)		

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 as provided for in Chapter 608, F.S.

Enlacu NO

\$ 100.00
\$ 25.00
\$ 30.00
\$ 5.00
Filing Fee for Application
Perignation of Registered Agent
Certified Copy (optional)
Certificate of Status (optional)