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SECRETARY OF STATE



COVER LETTER

	Registration Section Division of Corpora					
CHD (C/*		iance Solutions LLC				
SUBJEC	1:		Limited Liability (Company		
The enclo Existence	sed "Application by , and check are subm	Foreign Limited Liability Cor itted to register the above refe	npany for Authoriza crenced foreign limit	tion to Tra ed liability	msact Business in Florida," Certifi y company to transact business in l	cate of Florida.
Please ret	urn all corresponden	ce concerning this matter to th	ne following:			
	Cynthia Lov	wer Custer				
			Name of Person			
	Advisory Co	ompliance Solutions LLC				
	 -		Firm/Company		··	
	50 Palmetto	Drive				
			Address			
	Ormond Be	ach, FL 32176				
		City	/State and Zip Code			
	cvnthia@adv	isorycompliance.com				
		E-mail address: (to be us	sed for future annual	report not	ification)	
For furthe	er information concer	ming this matter, please call:				
	Cynthia Lower Custo	er	77() at (356-32	06	
-	Nan	ie of Contact Person	Area Code	Day	time Telephone Number	
; ;	MAILING ADDRE: Division of Corporati Registration Section P.O. Box 6327 Tallahassee, FL 3231	ons		Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding reutive Center Circle sec, FL 32301	
	is a check for the fol □ \$125.00 Filing Fee	-	S155,00 Filit Certified Copy	ng Fee &	■ \$460,00 Filing Fee, Certifica of Status & Certified Copy	le

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:

ACS LLC			
	iame adopted for the purpose of transacting business in Flor		isability Company," "L.L.C," or "LLC")
Georgia (burisdection under the law of w	hich foreign limited hability company is organized)	3. 45-2328424	imber, it applicable)
1. <u>N/A</u>	(Date first transacted business in Florida, if prior to r	raistration (
	(See sections 605 0903 & 605 0908, F.S. to determine	ne penalty liability)	
5. 50 Palmetto Drive (Surer Address of	Prenemal Otthers	6. Same as street address (Mailing A	Mossi
Ormond Beach, FL 32		t viaming A	ana Cool
			II S
			<u>F</u> @
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	Cynthia Lower Custer		28 SSE
Name:	Cymma Lower Caster		
Office Address:	50 Palmetto Drive		Fisi 🔀 🖸
	Ormond Beach	Elseide 32176	ATE PRODE
Registered agent's acception of the second and the second acception of the second acception of the second acception of the second acception acceptance acception acceptance	(City) Otance: rgistered agent and to accept service of p otion, I hereby accept the appointment as ions of all statutes relative to the proper	registered agent and agree to a	ed liability company at the place ct in this capacity. I further agr
Registered agent's acception of the second and the second acception of the second acception of the second acception of the second acception acceptance acception acceptance	(City) Stance: rgistered agent and to accept service of p stion, I hereby accept the appointment as	(Zpo process for the above stated limit pregistered agent and agree to a and complete performance of m	ode) ed liability company at the place ct in this capacity. I further agr
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Registered agent's acceptaving been named as relessing been named as relessing ated in this application comply with the provisind accept the obligation. 8. The name, title or cap	itance: registered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's sacity and address of the person(s) who ha Name and Address: Cynthia Lower Custer	rocess for the above stated limits registered agent and agree to a and complete performance of m agrature) s/have authority to manage is/are	ed liability company at the place ct in this capacity. I further agr. y duties, and I am familiar with
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Typed or printed name of signee

Cynthia Lower Custer, Managing Member

Control Number: 11041555

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ADVISORY COMPLIANCE SOLUTIONS LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14769963 Date Inc/Auth/Filed: 05/25/2011 Iurisdiction : Georgia Print Date : 07/26/2017

Form Number : 211



B: A. W.
Brian P. Kemp
Secretary of State