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TO:	Registration Section Division of Corporation	's			
SUBJ	ACS Firm, LI				
			Limited Liability Compar	ny	
				Transact Business in Florida," Collity company to transact busine	
Please	return all correspondence c	oncerning this matter to the	following:		
	Eric L. Mercado			1	
		N	ame of Person		
	ACS Firm, LLC				
	_	F	irm/Company		
	4044 N. Lincoli	1 Avenue, #350			
			Address	1	
	Chicago, IL, 600	518		1	
		City/S	tate and Zip Code		
	Eric@ACSFirm.e	com			
		E-mail address: (to be use	d for future annual report	notification)	
For fur	rther information concerning	g this matter, please call:			
	Eric L. Mercado			-9950	
	Name o	f Contact Person	at () Area Code I	Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisi Regisi Clifto 2661	iration Section Building Executive Center Circle bassee, FL 32301	
Enclos	ed is a check for the following \$125.00 Filing Fee	ng amount: ■ \$130.00 Filing Fee &	□\$155 00 EUma P	P	::Gasta
	□ \$125.00 Filling Fee	Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	& □ \$160.00 Filing Fee, Cert of Status & Certified Copy	
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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:

 If name unavailable, enter afternate i	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Li	ability Company," "L.L.C," or "LLC ")
Illinois		3 81-3501285	• • •
(Junsdiction under the law of v	hich foreign limited liability company is organized)	5(FEI num	iber, if applicable)
N/A			
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration)	
4044 N. Lincoln Aven		4044 N. Lincoln Avenue	#350
(Street Address of		(Mailing Ad	dress)
Chicago, IL 60618		Chicago, IL 60618	
7. Name and street addre Name:	ss of Florida registered agent: (P.O. Box Jonathan Clow	NOT acceptable)	
Office Address:	2885 Par Lane, Unit D		APR -4 CRETARY
	••• •• •	· · · · · · · · · · · · · · · · · · ·	% to
-		Florida 32301 (Zip co	ET PR L
laving been named as re lesignated in this applice o comply with the provis	(City) Otance: egistered agent and to accept service of partion, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.	(Zip co process for the above stated limite is registered agent and agree to ac r and complete performance of my	d liability configury in the place in this capacity. There ag
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Typed or printed name of signee



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ACS FIRM, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 01, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of

the State of Illinois, this 2ND

day of

APRIL

A.D.

2018

Authentication #: 1809202121 verifiable until 04/02/2019.

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE