

MD80000001148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

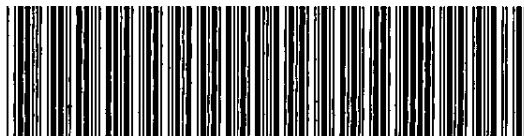
Special Instructions to Filing Officer:

L. SELLERS

MAR 10 2008

EXAMINER

Office Use Only



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03/07/08--01037--017 **125.00

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2008 MAR -7 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DATE: March 7, 2008

TO: New Filing Section
Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, FL 32301

FROM: Anne Richardson
Agent Registration/Insurance Department

Re: **ACP Investments, LLC**
Application for Certificate of Authority

Enclosed are documents required for Certificate of Authority for the above firm.

- Cover letter
- Application
- Certificate of Existence
- Check for \$125.00 payable to Florida Department of State

Please advise if there is anything further required. Your expedience is greatly appreciated.

A handwritten signature in cursive script, appearing to read "Anne Richardson", is located at the bottom center of the page.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACP Investments, 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:

Anne Richardson
(Name of Person)

NRS
(Firm/Company)

323A Main St., PO Box 71
(Address)

Lakeville, CT 06039
(City/State and Zip Code)

For further information concerning this matter, please call:

Anne Richardson at (860) 435-2541x1883
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$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
TRANSACTION BUSINESS IN FLORIDA**

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

1. ACP Investments, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ACP Insurance Services, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-4506741

(FEI number, if applicable)

4. 10/26/07

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. n/a

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 205 Oser Avenue

Hauppauge, NY 11788

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒


9. The name and usual business addresses of the managing members or managers are as follows:

American Capital Partners, LLC 205 Oser Avenue, Hauppauge, NY 11788

Edward M. Cahill 205 Oser Avenue, Hauppauge, NY 11788

10. Attached is an original 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. (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.)

11. Nature of business or purposes to be conducted or promoted in Florida: insurance sales


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Edward M. Cahill

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of ACP Investments, LLC,
(Name of Limited Liability Company)

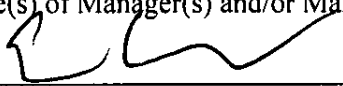
a limited liability company duly organized and existing under the laws of
New York,
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

ACP Insurance Services, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability
Company, L.L.C., or LLC.)

Date: 03/05/08

Signature(s) of Manager(s) and/or Managing Member(s):



**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 the Limited Liability Company is:

ACP Investments, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

ACP Insurance Services, LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

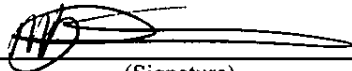
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation 33324

FL

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, Florida Statutes.



(Signature)

Mark J. Eppley
Assistant Vice-President
and Secretary

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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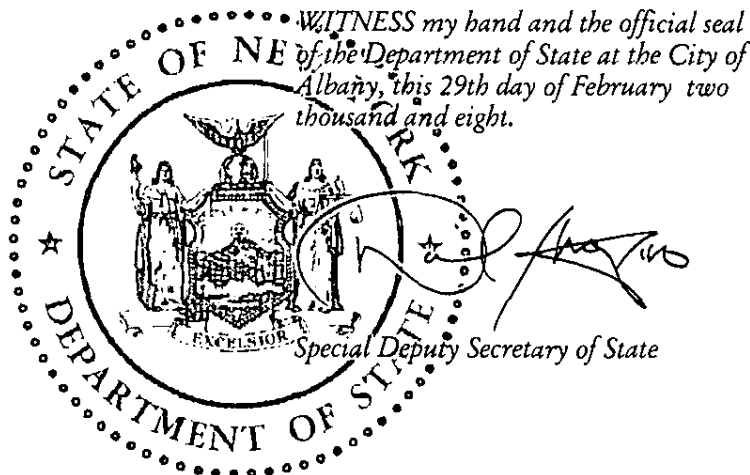
State of New York
Department of State } ss:

I hereby certify, that a diligent examination has been made of the Corporate index for documents filed with this Department by ACP INVESTMENTS, INC. and that upon such examination the following has been filed with this office:

A Certificate of Incorporation of ACP INVESTMENTS, INC. was filed on 02/07/2006.

and that said corporation was voluntarily dissolved on 09/07/2007.

I further certify, that no other documents have been filed by such Corporation.



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TALLAHASSEE, FLORIDA