

A05 00000 2056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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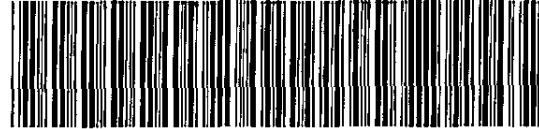
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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TO: Registration Section
Division of Corporations

SUBJECT: ACS II LIMITED PARTNERSHIP
(Name of Limited Partnership)

DOCUMENT NUMBER: A05000002056

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUE DEVERSON, CP

(Name of Person)

TRIPP SCOTT, PA

(Firm/Company)

110 SE 6th ST, 15th FLOOR

(Address)

FORT LAUDERDALE, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

SUE DEVERSON, CP

(Name of Person)

at (954) 627-3813

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:

ACS II, LIMITED PARTNERSHIP

Insert limited partnership's Florida document number: A05000002056

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

ACS II, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 6245 N. FEDERAL HWY., 5th FLOOR
(if different from current recorded address): FORT LAUDERDALE, FL 33301

4. The street address of principal office in Florida: _____
(if different from above) _____

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

☒ as of the date this document is filed with the Florida Secretary of State

or
☐

a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:

EDWARD J. POZZUOLI, ESQ.,

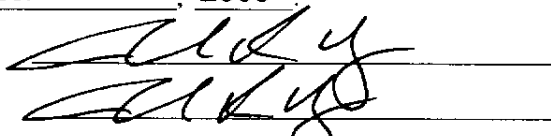
c/o TRIPP SCOTT, P.A., 110 SE 6th ST., 15th FLOOR

FORT LAUDERDALE, Florida 33301

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 10th day of November, 2005

Signature of TWO Partners:



Typed or printed names of partners signing above: Jonathan K. Hage, MGRM of ACS II GP LLC

Jonathan K. Hage, Individually

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA

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CONSENT TO USE OF NAME

We, Jonathan K. Hage and Robert L. Cambo, Members of ACS I GP LLC, on behalf of the General Partner of ACS I, LLLP, consent to allow the name ACS, to be used by ACS II Limited Partnership, a Florida limited partnership, for use as a domestic limited partnership, and for the qualification of ACS II, LLLP, a Florida limited liability limited partnership.

Dated: November 10, 2005

ACS I GP LLC, a Florida limited liability company, general partner of ACS I, LLLP, a Florida limited liability limited partnership

By: 

Name: Jonathan K. Hage

Title: Member

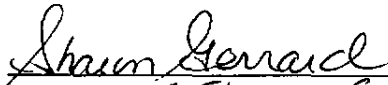
and

By: 

Name: Robert L. Cambo

Title: Member

In the presence of:



Printed Name: Sharon Gerrard



Printed Name: Yessenia Salomon

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TALLAHASSEE, FLORIDA

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