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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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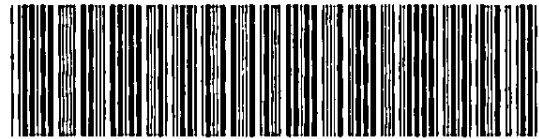
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 OCT -1 PM 2:21  
TALLAHASSEE, FLORIDA

# Law Office of Debra J. Lambek PLLC

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302 Washington Avenue Extension  
Albany, New York 12203

Debra J. Lambek  
Counsel  
(518) 862-9133 Ext. 4225  
[dlambek@lambeklaw.com](mailto:dlambek@lambeklaw.com)

September 28, 2018

New Filing Section  
Florida Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Ace Andersen Group LLC – Article of Organization

Dear Sir/Madam:

In connection with the above matter, enclosed please find two (2) copies of the articles of organization and check in the amount of \$155.00 payable to the Division of Corporations representing the filing fee and certified copy fee. Please return the filing receipt and certified copy to the undersigned at the address above. Thank you.

If you have any questions or comments, please do not hesitate to call.

Very truly yours,

  
Debra J. Lambek  
Counsel

Enc.

cc: Ms. Hisa Zhu (Via email to [hzhu@aceandersen.com](mailto:hzhu@aceandersen.com))

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** ACE ANDERSEN GROUP LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gunhild H. Zhu

\_\_\_\_\_  
Name of Person

Ace Andersen Group LLC

\_\_\_\_\_  
Firm/Company

19 Lincoln Mall

\_\_\_\_\_  
Address

Niskayuna, New York 12309

\_\_\_\_\_  
City/State and Zip Code

hzhu@aceandersen.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra J. Lambek, Esq. (518) 862-9133 x 4225  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

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 (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ace Anderson Group LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

19 Lincoln Mall  
Niskayuna, New York 12309  
Attention: Gunhild H. Zhu

Mailing Address:

19 Lincoln Mall  
Niskayuna, New York 12309  
Attention: Gunhild H. Zhu

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Dean Mead Services, LLC  
Name  
420 S. Orange Avenue, Suite 700  
Florida street address (P.O. Box **NOT** acceptable)  
Orlando Florida 32801  
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 605, F.S.*

*Dean Mead Services, LLC*

*By: Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A., its sole member*

*Dennis G. Corrick, Vice President*

*[Signature]*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Gunhild H. Zhu

19 Lincoln Mall

Niskayuna, New York 12309

(Use attachment if necessary)


**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Gunhild H. Zhu

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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