

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporation
P. O. Box 6277
Tallahassee, FL 32314

SUBJECT: ACS CAPITAL LLC
(Proposed limited liability company name - must include suffix)

700002112477-4
-03/13/97-01054-011
****293.75 ****293.75

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

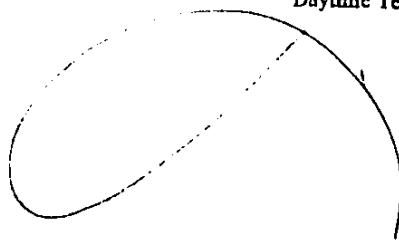
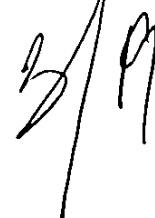
A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. **Please send one check for the total amount made payable to the Florida Department of State.**

FROM: BRETT UGLES
Name (Printed or typed)

3068 CYPRESS CREEK DR. N.
Address

POINTE VERA FL 32082
City, State & Zip

904 285 0681
Daytime Telephone number

3-11-97

ENCLOSED PLEASE FIND THE ORIGINALS AND ONE
COPY OF THE ARTICLES OF ORGANIZATION FOR A FLORIDA
LIMITED LIABILITY COMPANY. I HAVE ALSO ENCLOSED A
CHECK FOR \$293.75 FOR FILING FEES, DESIGNATION OF
REGISTERED AGENT AND A CERTIFICATE OF STATUS. IF YOU
NEED ANY FURTHER INFORMATION, I CAN BE REACHED AT
904 285 0681. THANK YOU FOR YOUR HELP

SINCERELY

Bruce J.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: *ACS CAPITAL LC*

ARTICLE II - Address:

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

*MAIL: 226-5 SOLANA RD
SUITE 192*

*STREET: 3068 CYPRESS CREEK DR N.
Ponte Vedra, FL 32082*

Ponte Vedra, FL 32082

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: *PERPETUAL*

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

*BRETT UGLES
3068 CYPRESS CREEK DR N
Ponte Vedra, FL 32082*

*LISA UGLES
3068 CYPRESS CREEK DR N
Ponte Vedra, FL 32082*

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of ACS
CAPITAL LC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 5,000 -
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ N/A.
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ N/A
- 5) the total amounts of 2, 3 and 4 is \$ 5,000 -

Brian C. J.
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ACS CAPITAL LLC

2. The name and address of the registered agent and office is:

BRETT UGLES
(NAME)

3068 CYPRESS CREEK DR N.
(P. O. Box NOT ACCEPTABLE)

PORT VEDRA FL 32082
(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.

Brett Ugles
(SIGNATURE)

3/10/97
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent