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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

SEP - 7 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: ACA PARTNERS, LLC			
	me of Limited Liability Company		
	bility Company for Authorization to Transact Business in Florida, above referenced foreign limited liability company to transact business.		
Please return all correspondence concerning this ma	atter to the following:		
KEITH PARSONS			
	Name of Person		
ACA PARTNERS, LLC			
	Firm/Company		
265 S. FEDERAL HWY	SUITE 170		
	Address		
DEERFIELD BEACH, FL	_ 33441		
	City/State and Zip Code		
KPARSONS@CORP	ORATIONS4SALE.COM		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, plea	ase call:	SEP	
KEITH PARSONS	_{at (} 954 ₎ 282-3327	9	
Name of Person	Area Code & Daytime Telephone Number	Z Q	T
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations	*	
Registration Section P.O. Box 6327	Registration Section Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		
Enclosed is a check for the following amount \$\sqrt{1}\$\$125.00 Filing Fee \$\sqrt{\$130.00}\$ Filing Fe	ee & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, Certific		
Certificate of Sta	tus Certified Copy of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT 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. ACA PARTNERS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(wante of Poleign Emmed Elability Company, must include Emmed Elability Company, E.E.C., of EEC.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the write consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-3409850 (FEI number, if applicable)
4. 8/6/2010 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 265 S. FEDERAL HWY, SUITE 170
DEERFIELD BEACH, FL 33441 (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:
SIMON KERRUISH
KEITH PARSONS
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record 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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: BUSINESS CONSULTING
SERVICES, M&A OPERATIONS
The form
Signature of a member or an authorized representative of a member.

Typed or printed name of signee

KEITH PARSONS

(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. 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.)

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: ACA PARTNERS, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
KEITH PARSONS (Name)	SECRETARY TO THE PROPERTY OF T
265 S. FEDERAL HWY, SUITE 170 Florida Street Address (P.O. Box NOT ACCEPTABLE)	ASSECTION TO THE PROPERTY OF T
DEERFIELD BEACH FL 33441 City/State/Zip	TORIDE STATE

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)

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



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACA PARTNERS LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2011.

4862827 8300

110963927

AUTHENT CATION: 9003236

DATE: 08-31-11

You may verify this certificate online at corp.delaware.gov/authver.shtml