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#### Foreign Limited Liability Company ACP Wynnfield LLC

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#### **COVER LETTER**

	Registration Section Division of Corporations					
SUBJECT	T: ACP Wynnfield LLC					
	· · · · · · · · · · · · · · · · · · ·	Name of Limite	d Liability Company			
The enclose Existence,	sed "Application by Fore , and check are submitted	gn Limited Liability Compto register the above reference	pany for Authorization enced foreign limited	n to Transact Business in Florid liability company to transact be	da," Certificate of usiness in Florida	
Please rete	um all correspondence co	nceming this matter to the	following:			
	Melissa Spinella				_	
		N	ame of Person			
	Abbey Rowe					
		r	irm/Company			
	9320 Windsor Lane, NE					
			Address			
	Olympia, WA 98					
		City/S	tate and Zip Code			
	mks@optio.us					
		E-mail address: (to be use	d for future annual repor	rt notification)		
For furthe	r information concerning	this matter, please call:				
1	Melissa Spinella		at (312	348-5200		
_	Name of	Contact Person	Area Code	Daytime Telephone Number		
	MAILING ADDRESS:		ET ADDRESS:			
Division of Corporations			n of Corporations			
Registration Section P.O. Box 6327			ation Section Building			
-	F.O. Box 6327 Fallahassee, FL 32314		xecutive Center Circle	e		
'	. ununusec, 1 2 32317		issee, FL 32301	-		
Enclose	d is a check for the fo	llowing amount:				
	☐ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing F Certified Copy			

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate name adopted for the purpose of transacting inbility Company," "L.L.C." or "LL.C.")	; business in Florida. The alternate name must include "Limite
Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FE) number, if applicable)
(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to 6	
9320 Windsor Lane, NE	ر في
	Ac
Olympia, WA 98516	
(Street Address of Princ	
9320 Windsor Lane, NE	2T T
	(A) ≥ (N) rm=f)
Olympia, WA 98516 (Malling Addx	255) 777 - 250 1773 - 245
7. The name, title or capacity and address of the person(s) vietfrey S. Szorik, CEO, Optio, Inc. c/o Abbey Rowe 9320 Windsor London M. Kidd, COO, Optio, Inc. c/o Abbey Rowe 9320 Windsor L	ane NE, Olympia, WA 98516
Mario F. Spinella, ClO, Optio, Inc. c/o Abbey Rowe 9320 Windso Attached is an original certificate of existence, no more the aving custody of records in the jurisdiction under the law occeptable. If the certificate is in a foreign language, a transformat be submitted)	nan 90 days old, duly authenticated by the off of which it is organized. (A photocopy is not
Signature of an author accordance with section 605 0203, F.S., the execution of this document constitutes an	affirmation under the penalties of perjury that the facts stated herein
m aware that any false information submitted in a document to the Department of State	
m aware that any false information submitted in a document to the Department of State  Mario F. Spinella, CIO	,

1. The name of the Limited Liability Company is:

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

ACP Wynnfle	Id LLC		<u></u>
lf unavailabl	e, the alternate to be used in the st	ate of Florida is:	
2. The name	e and the Florida street address of t	the registered agent and office are	
	C T Corporation System		FIG. F
		(Name)	
	1200 South Pine Island Road		in is
	Florida Street Addres	s (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	<u> </u>
		City/State/Zip	— 9π ω
liability com registered ag statutes relat	named as registered agent and to a pany at the place designated in this gent and agree to act in this capacti ting to the proper and complete per phigations of my position as register	certificate, I hereby accept the ap y. I further agree to comply with formance of my duties, and I am for ed agent as provided for in Chapt	ppointment as the provisions of all amiliar with and ter 605, Florida
		Connie Bryan	
	By: Corporation System	Registrat Count	Sett.
	(Signatur	e)	
	\$ 100.00	Filing Fee for Application	

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

# Delaware

DACE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACP WYNNFIELD 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 MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARIAS STATE

5542701 8300

140768283

You may verify this cortificate online at corp, delevare.gov/authvor.shtml

AUTHENTY CATION: 1414488

DATE: 05-31~14