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DIVISION OF CORPORATIONS

14 JUL 31 PM 2: 46

AUG 0 1 2014 J. HARRIS

COVER LETTER .

TO:

Registration Section

Divisio	n of Corporation	s					
SUBJECT:	ACCP	P COPERT	۱ ۲	JUMED	ــا	LC	
		Name	of Limited	Liability Compa	any		
						to Transact Business in Florida," Cenability company to transact business	
Please return all	correspondence c	oncerning this mat	ter to the !	following:			
	1 1	110 EN	RAND	116AN			
		UREN	Na	me of Person		·	
			Eir	m/Company		Add 116 - 4 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
			,	in Company			
	4800	NORTH	₹€	DERAL	HI	64 WRY	
				Address		CHWRY	
	BULA	RATON	F	<u>L 3</u>	343	51	
			Cny/Su	ite and Zip Code			
	Lb	annigan	(a) 1	JUMED	CAR	.e . Lom	
•		E-mail address: (to be used	for future annual	Freport n	otification)	
For further infor-	mation concerning	this matter, please	e call:				
<u></u>	IUREN BI	MADICAN		at (561	<u>-</u>)	788 - 578 5 Daytime Telephone Number	
	Name of	*Contact Person		Area Co	de	Daytime Telephone Number	
	NG ADDRESS:			F ADDRESS:			
	n of Corporations			of Corporation	าร		
Registra P.O. Bo	ation Section		Clifton E	tion Section			
	ssee, FL 32314			ecutive Center	Circle		
			Tallahas	see, FL 32301			
Enclosed is a	check for the fo	ollowing amour	nt:				
S 125	0.00 Filing Fee	□ \$130.00 Filing	Fee &	□ \$155.00 Fi	_	•	
		Certificate of S	Status	Certified (Сору	of Status & Certified Cop	У

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:

If name unavailable, enter alternate name adopted for the purpose of transacting business in Floric iability Company," "L.L.C," or "LLC,")	da. The alternate name mu	ist include	Limited
(Jurisdiction under the law of which foreign limited liability company is organized) 3. 49-24:	35001 number. if applicable)		_
. UPON APPROVAL (Date first transacted business in Florida, if prior to registrati (See sections 605.0904 & 605.0905, F.S. to determine penalty i	ion.) iability)	14 JUL	SECI
. 1701 DIRECTORS BLVD. SUITE 300	<u>ن</u>	<u> </u>	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
AUSTIN, TEAS 78744 (Street Address of Principal Office)		PM 2: 46	EU ZIA
	8-3-4	£	5
BOCA RATON, FL 33431			<u>ार्</u> के
BOCA RATON, FL 33431 (Mailing Address) The name, title or capacity and address of the person(s) who has/have a TODD STEPHERS (MANAGER) 4800 NORTH FEDERAL CLIFFORD CARROLL (MANAGER) 4800 NORTH FEDERAL	authority to manage	: is/are:	<u>f</u> L 33
BOCA PATON, FL 33431 (Mailing Address) The name, title or capacity and address of the person(s) who has/have a TODD STEPHERS (MANAGER) 4800 NORTH FED	authority to manage ERAL HWY BOCK HWY BOCK LA d, duly authenticated ganized. (A photoc	e is/are: A PATON TON FL d by the copy is n	33431.

Typed or printed name of signee

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.

1. The name of	the Limited Liability Company is:	
A CCP	PROPERTY NUMED, LLC	
If unavailable, th	ne alternate to be used in the state of Florida is:	
2 The name and	d the Florida street address of the registered agent and office are:	
2. The hame and	a the Florida street address of the registered agent and office are.	
	LAUREN BANNIGAN	- 9
	(Name)	17 70
	4800 N. FEDERAL HIGHWAY	JUL 31
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	[] [] []
	BOLA RATON FL 33431	1 2: 46
	City/State/Zip	9.45 19.45

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, Florida Statutes.

\$ 100.00 Filing Fee for Application

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

Corporations Section-P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ACCP Property Numed, LLC (file number 802032658), a Domestic Limited Liability Company (LLC), was filed in this office on July 24, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 28, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Dial: 7-1-1 for Relay Services Document: 556619300005

Phone: (512) 463-5555 Prepared by: SOS-WEB