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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>)</del> #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:		ACJ	LP-FL, LLC			
		Name of L	imited Liability (	Company		
		eign Limited Liability Compa d to register the above referen				
Please return al	l correspondence c	oncerning this matter to the f	ollowing:			
	Gregory T. Den	isen				
		Na	me of Person			
	Sherman & Ho	ward L.L.C.				
Firm/Company						
	633 Seventeent	h Street, Suite 3000				
			Address			
	Denver, Colora	do 80202				
	gdensen@sherma					
		E-mail address: (to be used	for future annual	report noti	fication)	
For further info	rmation concerning	g this matter, please call:				
Grego	ry T. Densen		303	299-831	4	
<del></del>	Name o	f Contact Person	Area Code	Dayt	ime Telephone Number	
Division Regist P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	
	neck for the following 5.00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	■ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

IN COMPIJANCE 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:

1. ACJLP-FC, LLC (Name of Fore	ign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC	<u> </u>	
		sacting business in Florida. The alternate name mu		
Liability Company," "L.L.C,"	or "LLC.")		Didnive	
2. Colorado	3.	(FEI number, if applicable)		
company is organized)	of which foreign limited liability	(PEI number, if applicable)		
4	(T) 4 G 44			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	orida, if prior to registration.) S. to determine penalty liability)		
5. 5460 S. Quebec Street	- Martin Millian - Anna Martin - Anna Martin - Anna Martin - Anna Anna Anna Anna Anna Anna Anna A			
Englewood, Colorado l	301·1·1			
	(Street Address of Principal	Office)	≅g	ऊं
6			至惡	ש
			· 三	-Z
<u>, , , , , , , , , , , , , , , , , , , </u>	(Mailing Address)		100 m	9
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	$\Sigma_{n}^{C_{i}}$	
Name:	Andrew Schlaepfer		54	Ö
	10601 Cape Hatteras Drive	····	夏訊	ហ
Office Address:	•	22616 4260	1	40% 1
	Tampa (City)	, Florida 33615-4268 (Zip code)	٠	
this application, I hereby	gistered agent and to accept service of p accept the appointment as registered ag statutes relative to the proper and comp	process for the above stated corporation at the sent and agree to act in this capacity. I furth lete performance of my duties, and I am fan (this capacity) are signature)	er agree to comply	
8. The name, title or capa Walter P. Schlaepfer, Mar	city and address of the person(s) who ha			
5450 S. Quebec Street				
Englewood, Colorado 801	11			
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized. (If the certificate	duly authenticated by the official having custons in a foreign language, a translation of the	ody of records in the	'h
(In accordance with section the facts stated herein are t degree felony as provided	rue. I am aware that any false informatio	ocument constitutes an affirmation under the possibilities, in a document to the Department	penalties of perjury to of State constitutes	hat a third
	Walter P. Schlaepfer			
	Typed or printed no	ame of signec		



15 JUN -9 AM 10: 56

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

#### ACJLP-FL, LLC

is a Limited Liability Company formed or registered on 05/21/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151333099.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/03/2015 that have been posted, and by documents delivered to this office electronically through 06/04/2015 @ 16:53:06.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/04/2015 @ 16:53:06 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9209787.



Mayne N. Williams

Secretary of State of the State of Colorado

\*\*\*\*\*\*\*End of Certificate\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site. <a href="http://www.sos.state.co.us/click Business">http://www.sos.state.co.us/click Business</a> Center and select "Frequently Asked Questions."