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(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE SHIT AHASSEE, FLORIDA

AUG 2 0 2015

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August 13, 2015 Via Overnight Delivery

2600 Maitland Center Pkwy.

Suite 300 Maitland, FL 32751

P.O. Drawer 200

Winter Park, FL 32790-0200

Tel: 407-740-8575

Fax: 407-740-0613 tmi@tminc.com

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

Clifton Building

Division of Corporations

Re:

ACN Communication Services, Inc.

Application for Certificate of Authority

Dear Sir or Madam,

Enclosed, please find in duplicate the completed and signed **Application for Certificate of Authority** and the required supporting documents submitted on behalf of ACN Communication Services, Inc.. The remittance of the fees due in the amount of **\$125.00** is enclosed.

Please acknowledge receipt of this filing by date stamping the extra copy of this application and cover letter and returning both to me in the self addressed stamped envelope provided.

Questions regarding this filing should be addressed to me at 407-740-3022 or via email at carner@tminc.com. I thank you for your assistance with this matter.

Sincerely,

Charity Arner

Compliance Reporting Associate

Cc:

Meredith Ginter, ACN Communication Services, Inc.

File:

ACN Communication Services, Inc. - Misc SOS - FL

COVER LETTER

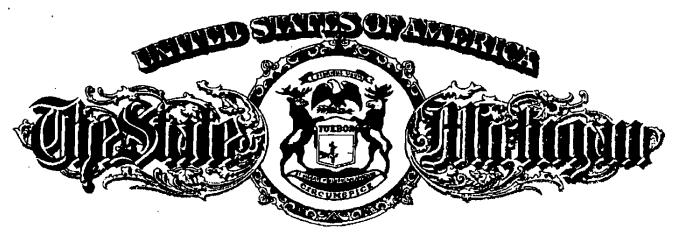
TO:

	gistration Section vision of Corporations	
JECT:	ACN Communication Services, LLC	
JEC1.	Name of Limited Liability Company	
enclosed tence, an	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cond check are submitted to register the above referenced foreign limited liability company to transact busines	ertificat s in Flo
se return	all correspondence concerning this matter to the following:	
	Charity Arner	
	Name of Person	
	Technologies Management, Inc.	
	Firm/Company	
	2600 Maitland Center Parkway, Suite 300	
	Address	
	Maitland, FL 32751	
	City/State and Zip Code	
	tmi.sos@tminc.com	
	E-mail address: (to be used for future annual report notification)	
further ir	nformation concerning this matter, please call:	
Cha	arity Arner 407 740-3022	
	Name of Contact Person Area Code Daytime Telephone Number	
Div Reg P.O	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Clifton Building Clahassee, FL 32314 Clifton Building Clahassee, FL 32301 Clifton Building Clifton Buildi	
	a check for the following amount: \$125.00 Filing Fee	

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: ACN Communication Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 38-3483729 2 Michigan (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) July 24, 2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1000 Progress Place Concord, NC 28025-2449 (Street Address of Principal Office) 1000 Progress Place Concord, NC 28025-2449 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: , Florida 33324 Plantation Registered agent's acceptance: Having been named us registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper qu'il complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Wendy Rea (Registered agent's signature President & Assistant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: LKN Communications, Inc. Member Managed 1000 Progress Place, Concord, NC 28025-2449 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

AS ATTORNEY-IN-FACT BY SHARON THOMAS, CONSULTANT Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ACN COMMUNICATION SERVICES, LLC

was validly organized on July 24, 2015 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1331715

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 12th day of August, 2015

Alan J. Schefke, Director Corporations, Securities & Commercial Licensing Bureau