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#### **COVER LETTER**

Registration Section

TO:

Div	ision of Corporation	rs '				
SUBJECT:	Acclaro Valuation	Advisors, LLC				_
		Name of I	Limited Liability (	Company	<del></del> -	
The enclosed Existence, ar	d "Application by For and check are submitte	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	ition to Tra ted liability	insact Business in Florida, company to transact busing	' Certificate of ness in Florida
Please return	all correspondence of	concerning this matter to the	following:			
	Chris E. Best					
		N	ame of Person			
	Acclaro Valuat	ion Advisors, LLC				
Firm/Company						
	3413 Oakmont	Court				
Address						•
	Kissimmee, FL	. 34746				
		City/S	tate and Zip Code			
	ChrisB@Acclare	Valuation.com				
		E-mail address: (to be used	for future annual	report not	ification)	,
For further in	nformation concerning	g this matter, please call:				
Ch	ris Best		402 at (	895-62	22	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	-
Div Reg P.O	ision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow 6125.00 Filing Fee	ing amount:  \$\Bigsim \text{\$\subset\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Cof Status & Certified Co	

## 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:

Name:  Office Address:    3413 Oakmont Court		ign Emitted Elabitity Company, mast me	clude "Limited Liability Company," "L.L.C.," o	or EEO. ,	
(Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty liability)  3413 Oakmont Court  Kissimmee, FL 34746  (Street Address of Principal Office)  3413 Oakmont Court  Kissimmee, FL 34746  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Chris E. Best  Office Address:  3413 Oakmont Court  Kissimmee  (City)  Registered agent agent and to accept service of process for the above stated limited liability company at the esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familia complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familia complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familia complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familia complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familia complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familia (Registered agent) and address of the person(s) who has/have authority to manage is/are:  Chris E. Best, Managing Director, 3413 Oakmont Court, Kissimmee, FL 34746  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records arisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)	iability Company," "L.L.C,"		transacting business in Florida. The alternate na	ame must include "	 Limited
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  3413 Oakmont Court  Kissimmee, FL 34746  (Street Address of Principal Office)  3413 Oakmont Court  Kissimmee, FL 34746  (Mailing Address)  Name:  Office Address:  Office Address:  Office Address:  (City)  (City)  (City)  (City)  (City)  Registered agent's acceptance:  In this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Chris E. Best, Managing Director, 3413 Oakmont Court, Kissimmee, FL 34746  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records arisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  Chair L. A.		:	1		
(Date first transacted business in Florida. If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  3413 Oakmont Court  Kissimmee, FL 34746  (Street Address of Principal Office)  3413 Oakmont Court  Kissimmee, FL 34746  (Mailing Address)  Name:  Office Address  Chris E. Best  Office Address:  (City)  At 3413 Oakmont Court  Kissimmee  (City)  At 3413 Oakmont Court  Kissimmee  (City)  At 3413 Oakmont Court  (City)  At 3414 Oakmont Court  (City)  At 3415 Oakmont Court  (City)  At 3416 Oakmont Court  (Registered agent's signature)  At 3416 Oakmont Court, Kissimmee, FL 34746  (Registered agent's signature)  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records arisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized. (If	(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicabl	le)	
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Kissimmee, FL 34746  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Kissimmee  (City)  (City)  (City)  Registered agent's acceptance:  Raving been named as registered agent and to accept service of process for the above stated limited liability company at the seignated in this application, 1 hereby accept the appointment as registered agent and agree to act in this capacity. I furth to complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and 1 am familia coept the obligations of my position as registered agent.  (Registered agent's signature)  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Chris E. Best, Managing Director, 3413 Oakmont Court, Kissimmee, FL 34746  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records arisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate unif the translator must be submitted)  Characteristics.		(Street Address of Princ	ipal Office)	_	
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Office Address:    3413 Oakmont Court   Kissimmee   Florida   34746   Cip code     Registered agent's acceptance:   Idving been named as registered agent and to accept service of process for the above stated limited liability company at the esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further of complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia (Registered agent)     (Registered agent's signature)     (Registered agent's signa	. Name and street addres	s of Florida registered agent: (P.O. F	Box NOT acceptable)	40 A	ż
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This document is executed in accordance with section 605 0203 (1) (b). Florida Statutes, Lam aware that any false information	designated in this application complywith the provision accept the obligations of notice the obligations of notice the name, title or capa Chris E. Best, Managing I. Attached is a certificate urisdiction under the law of	ons of all statutes relative to the property position as registered agent.  (Registered city and address of the person(s) who Director, 3413 Oakmont Court, Kissin of existence, no more than 90 days of which it is organized. (If the certification in the content of the certification	agent's signature) to has/have authority to manage is/are: mmee, FL 34746  ald, duly authenticated by the official having icate is in a foreign language, a translation	g custody of reco	iliar wi

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

### STATE OF NEBRASKA

United States of America, } ss. State of Nebraska }

Secretary of State State Capitol Lincoln, Nebraska

I, John A. Gale, Secretary of State of the State of Nebraska, do hereby certify that

#### ACCLARO VALUATION ADVISORS, LLC

was duly formed under the laws of Nebraska on July 12, 2012;

all fees, taxes, and penalties due under the Nebraska Uniform Limited Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has been filed by the Secretary of State;

the Secretary of State has not administratively dissolved the company; the Company has not delivered to the Secretary of State for filing a Statement of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

November 19, 2015

Secretary of State