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SECRETARY OF STATE

(128/1675

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ACG Tampa, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Charles H. Thibaut, Attorney
Name of Person
Bagwell Holt Smith P.A.
Firm/Company
111 Cloister Court, Suite 200
Address A S &
Chapel Hill, NC 27514
City/State and Zip Code
cthibaut@bhspa.com
For further information concerning this matter, please call:
Charles H. Thibaut at (919) 401-0062
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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:

Liability Company," "L.L.C,"		sacting business in Florida. The alternate name	must include "	Limited	l
2. <u>North Caro</u> (Jurisdiction under the law company is organized)	lina 3. of which foreign limited liability	(FEI number, if applicable)			
4. N/A					
	(Date first transacted business in Fl (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) .S. to determine penalty liability)			
5. 106 Avenue	of the Estates	······································			
			ALL ALL	5	
- Cary, wake	County, NC 27518 (Street Address of Principa	Office)	至严	들	
6. 106 Avenue	6 .1 = -	, 2,		2	
			m m	ထ	1
Cary, wake	County, NC 27518 (Mailing Address			32	\Box
	` •	,	95	دب	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		23	
Name:	Olivia Cosma				
Office Address:	8215 Stoner Road, Lot 8	48			
	Riverview	Florida 33569			
Registered agent's accent	Riverview (City)	, Florida 33569 (Zip code)			
designated in this applicat to complywith the provisio	(City) ance: gistered agent and to accept service of pion, I hereby accept the appointment a	, Florida 33569 (Zip code) process for the above stated limited liability is registered agent and agree to act in this and complete performance of my duties, a	capacity. I fi	irther i	agree
Having been named as reg designated in this applicat to complywith the provision	(City) ance: gistered agent and to accept service of pion, I hereby accept the appointment a ans of all statutes relative to the proper any position as registered agent.	(Zip code) process for the above stated limited liabilit s registered agent and agree to act in this and complete performance of my duties, a	capacity. I fi	irther i	agree
Having been named as rey designated in this applicat to complywith the provisio accept the obligations of n	(City) ance: gistered agent and to accept service of gion, I hereby accept the appointment a cons of all statutes relative to the proper my position as registered agent. (Registered agent city and address of the person(s) who have	(Zip code) process for the above stated limited liability is registered agent and agree to act in this cand complete performance of my duties, a control of the control of	capacity. I fi	irther i	agree
Having been named as rey designated in this applicate to comply with the provision accept the obligations of notes. 8. The name, title or capa	(City) ance: gistered agent and to accept service of fine, I hereby accept the appointment and so of all statutes relative to the proper my position as registered agent. (Registered agent and address of the person(s) who have an agent.	(Zip code) process for the above stated limited liability is registered agent and agree to act in this cand complete performance of my duties, a control of the control of	capacity. I fi	irther i	agree
Having been named as reg designated in this applicat to complywith the provision accept the obligations of n 8. The name, title or capa Mike Conlon, Ma	(City) ance: gistered agent and to accept service of gion, I hereby accept the appointment a cons of all statutes relative to the proper my position as registered agent. (Registered agent city and address of the person(s) who have anager the Estates	(Zip code) process for the above stated limited liability is registered agent and agree to act in this cand complete performance of my duties, a control of the control of	capacity. I fi	irther i	agree

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.

Charles H. Thibaut



NORTH CAROLINA Department of the Secretary of State



CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ACG TAMPA, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 12th day of May, 2016, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

THE JUN 28 PH 3: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of June, 2016.

Elaine J. Marshall

Secretary of State

Certification# 98896041-1 Reference# 13242781-ACH Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification