

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000199751 3)))



H160001997513A6C6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SMITH, GAMBRELL & RUSSELL LLP

Account Number: I20020000143 Phone : (404)815-3538

Fax Number : (404)815-3509

**Enter the email address for this business entity to be used for future annual report meilings. Enter only one email address please. **

chrisbarry29@gmail.com Email Address:

> Foreign Limited Liability Company ACG Lake Wales, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

Page 2 of 2



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

| IN COMPLIANCE WITH SECT | TION 60SUXU, FLORIDA STATUTES, THE SINESS INTHE STATE OF FLORIDA: | R FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIV | BUTY |
|--|---|--|----------------|
| , ACG Lake Wales, LLC | | | |
| | | lude "Limited Liability Company," "L.L.C.," or "LLC.") | |
| | | | |
| (If name unavailable, enter all Liability Company," "L.L.C," | or "LLC.") | ransacting business in Florida. The alternate name must include "Limite | rg. |
| 2. North Carolina | | 3. 81-3358470 | |
| company is organized) | of which foreign limited liability | (FEI number, if applicable) | |
| 4 | (Date first transacted business in | Florida, if prior to registration.) i, P.S. to determine ponalty liability) | |
| 5. 1951 Clark Avenue | (300 \$000000 083,0704 & 803,070 | 1 3. A decidence bounds to many | |
| Raleigh, North Carolina | | | |
| 6 1951 Clark Avenue | (Street Address of Princ | pal Office) | か |
| V, | | EG | . ~ |
| Raleigh, North Carolini | | | (F) |
| | (Mailing Adda | 30) | ; - , [|
| 7. Name and street addres | s of Florida registered agent; (P.O. E | lox NOT acceptable) | יט <u>ן</u> |
| Name: | Brandon C. Dodd, Esq. | | 三 建 |
| Office Address: | 50 N. Laura Street, Suite 2600 | <u> </u> | الم المراجع |
| | Jacksonville | Florida 32202 | 計步 |
| designated in this applicate to camply with the provision | gistered agent and to accept service flon, I hereby accept the appointment ons of all statutes relative to the prop my position as registered agent. | (Zip code) of process for the above stated limited liability company at the part as registered agent and agree to act in this capacity. I further over and complete performance of my dustes, and I am familiar to agent's significant. | r agrec |
| 8. The name, title or capa Michael B. Conlon, Manu | • | o has/have authority to manage is/are: | |
| 1951 Clark Avenue | | | |
| Raleigh, North Carolina 2 | 7605 | | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be su | of which it is organized. (If the certif | old, duly authenticated by the official having oustody of records in icate is in a foreign language, a translation of the certificate under a suborized person | the coath |
| This document is assessed | in anenwisher with central ASS 0000 | (1) (b), Florida Statutes. I am aware that any false information | |
| | | n third degree felony as provided for in s.817.155, F.S. | |

Typed or printed name of signer

Michael B. Conlon

SMITH GAMBRELL RUSSELL

H16000199751 3

P.04



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 LAKE WALES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 26th day of July, 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.



IN WITNESS WHEREOF. I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of August, 2016.





Scan to verify online.

Certification# 99078737-1 Reference# 13307332- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification Secretary of State

Elaine I. Marshall