M17000005735

| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



400298387334

IT JUL -6 AM 9: 27
BECHLIARY OF STATE
ATTAMASSEE, FLORID

DERVENHEN SON 4: 2

S. WARREN JUL 0 7 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 712552 7731713

AUTHORIZATION : O

COST LIMIT : \$\frac{1}{2}5\forall 00

ORDER DATE : July 6, 2017

ORDER TIME : 3:29 PM

ORDER NO. : 712552-005

CUSTOMER NO: 7731713

FOREIGN FILINGS

NAME: ACTIONLINK SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:

Registration Section

| Division of Corporations | | | | | | | | |
|--|---|------------------------------------|--|--|--|--|--|--|
| ActionLink Services, LI SUBJECT: | LC | | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| | | | | ansact Business in Florida," Certificate of company to transact business in Florid | | | | |
| Please return all correspondence conc | cerning this matter to the | following: | | | | | | |
| | Dawn M. Kom | | | | | | | |
| | Name of Person | | | | | | | |
| | Acosta Inc. | | | | | | | |
| Firm/Company | | | | | | | | |
| P.O. 2 | Box 551708 | | | | | | | |
| Address | | | | | | | | |
| Jacksonville, FL 32255 | | | | | | | | |
| City/State and Zip Code | | | | | | | | |
| dkorn@acosta.com | | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | | |
| For further information concerning th | is matter, please call: | | | | | | | |
| Dawn M. Korn | | at (904 | | -9800 | | | | |
| Name of Co | ontact Person | Area Code | Day | time Telephone Number | | | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section uilding ecutive Center Circle ice, FL 32301 | | | | |
| | amount: \$130.00 Filing Fee & certificate of Status | □ \$155.00 Filir Certified Copy | ıg Fee & | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy | | | | |

;`

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:

| 1. ActionLink Services, L | LC | | | |
|--------------------------------------|--|-----------------------------|---------------------------------------|--|
| (Name of Foreign | Limited Liability Company; must include | "Limited Liability Co. | mpany," "L.L.C.," or "LLC." |) |
| | expe adopted for the purpose of transacting busine | | | shility Company," "L L.C," or "LL.C.") |
| 2. Delaware | | J. | 82-2002500 | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized | i) | (FÉ) num | ber, if applicable) |
| 4 | | C | | |
| | Date first transacted business in Florida, if (See sections 605 0904 & 605,0905, F.S. o | o determine penalty liabili | ly) | |
| 5 6600 Corporate Center | | 6 | | |
| (Street Address of Principal Office) | | | (Mailing Add | tress) |
| Jacksonville, Fl 3221 | 3 | | | 7 |
| - 1" - 1" | | | · · · · · · · · · · · · · · · · · · · | |
| 7. Name and <u>street addres</u> | ss of Florida registered agent: (P.C |). Box <u>NOT</u> acce | ptable) | HASSET -6 |
| Name: | Corporation Service Company | | | |
| Office Address: | 1201 Hays Street | | _ | 9: 2 STAT LORR |
| | Tallahassee | | , Florida 32301 | € 2 |
| | (Ciry) | | (Zip cod | ie) |
| 8. The name, title or cans | Corporation Service Company By: (Registered | agent's signature | prity to manage is/are | Melissa Zender ——Asst. Vice Preside |
| Title or Capacity: | Name and Address: | | or Capacity: | Name and Address: |
| Member | Acosta Inc. | | | |
| | 6600 Corporate Center Jacksonville FL 32216 | | | |
| | - | | | |
| Use attachments if neces: | sary) | | | |
| | of existence, no more than 90 days of which it is organized. (If the cer abmitted) | | | |
| | the Department of State constitute | a third degree fe | lony as provided for in | |
| | 1-11-13 | ignance of an awhorized p |)c1204 | |
| | Reece B. Alford | | | |
| | | Typed or printed page of a | signee | |

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACTIONLINK SERVICES, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACTIONLINK SERVICES, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6454724 8300 SR# 20175105802 Authentication: 202834867

Date: 07-06-17

You may verify this certificate online at corp.delaware.gov/authver.shtml