

M17000007152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

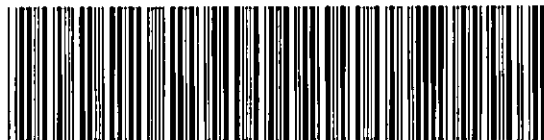
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

D BRUCE
AUG 22 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 776134 7647236

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : August 18, 2017

ORDER TIME : 3:50 PM

ORDER NO. : 776134-005

CUSTOMER NO: 7647236

FOREIGN FILINGS

NAME: ACA RISK STRATEGIES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACA Risk Strategies, 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:

Matthew G. Steinhilber, Deputy General Counsel

Name of Person

ACA Risk Strategies, LLC

Firm/Company

8401 Colesville Road, Suite 700

Address

Silver Spring, MD 20910

City/State and Zip Code

msteinhilber@acacompliancegroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew G. Steinhilber

301

495-7850

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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SECRET
TALLAHASSEE, FLORIDA

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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. ACA Risk Strategies, 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.")
2. New York 3. 47-1115278
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 8401 Colesville Road, Suite 700 6. 8401 Colesville Road, Suite 700
(Street Address of Principal Office) (Mailing Address)
Silver Spring, MD 20910 Silver Spring, MD 20910

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Corporation Service Company

(Registered agent's signature)

M. Zender

Melissa Zender
Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>see attachment</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

10. 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.

Matthew G. Steinhilber
Signature of an authorized person

Matthew G. Steinhilber, Deputy General Counsel

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

**Attachment to Application by Foreign Limited Liability Company
for Authorization to Transact Business in Florida**

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Peter Masucci, 8401 Colesville Road, Suite 700, Silver Spring, MD 20910
Manager	Andre Moura, 8401 Colesville Road, Suite 700, Silver Spring, MD 20910
Manager	Robert Mulcare, 8401 Colesville Road, Suite 700, Silver Spring, MD 20910
Manager	Robert Stype, Jr. , 8401 Colesville Road, Suite 700, Silver Spring, MD 20910
Manager	Theodore Eichenlaub, 8401 Colesville Road, Suite 700, Silver Spring, MD 20910

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that APONIX FT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/12/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment APONIX FT LLC, changing its name to ACA RISK STRATEGIES, LLC, was filed 02/11/2015.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 17th day of August
two thousand and seventeen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State