M17000007211

(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:						

Office Use Only



500302147255

08/10/17--01015--012 **125.00

1/23/17

CARTARY OF STATE

AUG 22 PM 1:



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2017

MELISSA DEKROON ONE TURKS HEAD PLACE, 12TH FLOOR PROVIDENCE, RI 02903 US

SUBJECT: ACROPOLIS MANAGEMENT SERVICES LLC

Ref. Number: W17000065980

We have received your document for ACROPOLIS MAN. LLC and your check(s) totaling \$125.00. However, the e not been filed and is being returned for the following correct

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Letter Number: 717A00016444

Judy A Leggett Regulatory Specialist II Registration Section per signed born as required Please Call if you need Anything best 401-453-1200 Meliosa Dekison

OLI AUG 22 PM IZ: 54

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Acropolis Mana	agement Services LLC					
BUNESCI.	Name of	Limited Liability Company					
The enclosed "Application by Existence, and check are sub-	Foreign Limited Liability Committed to register the above refer	pany for Authorization to Trenced foreign limited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida.				
Please return all corresponde	nce concerning this matter to the	following:					
	Meliss	sa DcKroon					
Name of Person							
DarrowEverett LLP							
Firnt/Company							
One Turks Head Place, 12th Floor							
Address							
Providence, RI 02903							
City/State and Zip Code							
	_	darroweverett.com					
		d for future annual report no	tification)				
For further information conce	rning this matter, please call:						
Mel	issa DeKroon		153-1200				
Na	me of Contact Person	Area Code Day	rtime 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 fo		☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy				

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

IN COMPLIANCE IVITH 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. (Name of Foreign	Acropolis Management Limited Liability Company; must include "Limite			")		-
ν υ						
(If name mavailable, enter alternate r	name adopted for the purpose of transacting business in Tio	rido. The alternate r		, ,	"L.L.C," or "LL	Č.")
Rhode Island (Invisitation under the law of which foreign limited hability company is organized)		3		27-0475700 (FEI number, if applicable)		
(Application under the law of w	nich toreign inniaen montay company is organized)		(rist no	moer, it appricable)	l	_
4	(Day first proceeded by long in Florida if with	execution V			ESE =	5
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	ine penalty liability)				= 71
5. 101 N. E. Third Avenue		6	(Mailing A	ddeser)	<u> </u>	5
(Street Address of Principal Office) Suite 1500			(Mading Ar	xacss)	55 m	1 LEU
Ft. Lauderdai	e, FL 33301	<u> </u>			-m- <u>≤-</u>	
		 			95	.
7. Name and street address	as of Florida registered agent: (P.O. Box	NOT accept	able)		골	<u>.</u>
Name:	DarrowEverett LLP		_		1	~4
Office Address:	Office Address: 101 N.E. Third Avenue, Suite 1500					
	Ft. Lauderdale		_ , Florida <u>33301</u>			
to comply with the provise	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered Heat's	and complete				
8. The name, title or capa <u>Title or Capacity:</u> <u>President</u>	Thomas Coucci One Turks Head Pl. Ste 1300 Providence, RI 02903	ns/have author <u>Title or</u> Managi	ity to manage is/are: Capacity: ng Member	Name ar Acropoli One Tur	nd Address: is Realty Adv ks Head Pl. nce, RI 0290	isors, LLC Stc 1300
	of existence, no more than 90 days old, of which it is organized. (If the certificate					
10. This document is exec	uted in accordance with section 605.0203 o the Department of State constitutes a thi					tion

Typed or printed name of signer



State of Rhode Island and Providence Plantations

Department of State | Office of the Secretary of State

Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

ACROPOLIS MANAGEMENT SERVICES LLC

is a Rhode Island Limited Liability Company organized on July 02, 2009.

I further certify that revocation proceedings are not pending: articles of dissolution have not been filed: all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

STATE OF STA

SIGNED and SEALED on

Tullin U. Boler

August 08, 2017

Secretary of State

Certificate Number: 17080028770

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: kmcguy