

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M17000009909

1. Limited Liability Company's Name

Association of Certified Anti-Money Laundering Specialists, LLC

2. Principal Office Address - No P.O. Box #

500 W. MONROE ST

Suite, Apt. #, etc.

STE 2800

City & State

CHICAGO

Zip

60661

Country

US

3. Mailing Office Address

500 W. MONROE ST

Suite, Apt. #, etc.

STE 2800

City & State

CHICAGO

Zip

60661

Country

US

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

NOV 21, 2017

6. FEI Number

65-1154961

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

C T CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

Zip Code

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

James M. Halpin

Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 10/30/2018

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip |
|--------|--|---|--------------------|
| PRES   | MEHUL PATEL  | 500 W. MONROE ST STE 2800                                       | CHICAGO/IL/60661   |
| SEC    | STEPHEN W. BEARD                                   | 500 W. MONROE ST STE 2800                                       | CHICAGO/IL/60661   |
| TREAS  | PATRICK UNZICKER                                   | 500 W. MONROE ST STE 2800                                       | CHICAGO/IL/60661   |
| ASST T | JOHN BRISSON                                       | 500 W. MONROE ST STE 2800                                       | CHICAGO/IL/60661   |
| ASST T | JOHN CANNOVA                                       | 500 W. MONROE ST STE 2800                                       | CHICAGO/IL/60661   |

OCT 31 2018

R. HUNT

11. E-mail Address: ANESHIA.JACKSONBECK@ADTALEM.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of  
Authorized Representative/Manager

Date 10/30/2018

Daytime Phone # 630-353-7074

Typed or printed name of signing Authorized Representative/Manager JOHN CANNOVA

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 10/31/2018  
Acc#120160000072

*en: c SW*

|             |   |
|-------------|---|
| Name:       | ASSOCIATION OF CERTIFIED ANTI-MONEY LAUNDERING SPECIALISTS, LLC |
| Document #: |   |
| Order #:    | 11233267  |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
|                                   | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

|   |  |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
|   | Plain: <input type="checkbox"/>                |
|   | COGS: <input type="checkbox"/>                 |

|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ 238.75

Thank you!

OCT 31 2018  
R. HUNT

RECEIVED  
18 OCT 31 AM 11:39  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32304