

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 Country  
60661 US

3. Mailing Office Address  
500 W. MONROE ST

Suite, Apt. #, etc.  
STE 2800

City & State  
CHICAGO

Zip Country  
60661 US

NOV 31 PM 1:42

800320450668

CR2E041 (1/14)

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

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 State Zip Code  
PLANTATION

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 Authorized Representatives/Managers	Street Address of Each Authorized Representative/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 608, 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 John Cannova 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#12016000072

*Handwritten initials*

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