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	Registration S Division of Co		s			1 1	
SUBJEC	ACA Inter	national L	LC			1	
SUBJEC	• •		Name of	Limited Liability	Company		
			eign Limited Liability Com I to register the above refer				
Please ret	urn all corresp	ondence c	oncerning this matter to the	following:			
	Patric	c Farrell					
			N	ame of Person		<u>:</u>	
	ACA	Internation				· •	
		•	F	irm/Company			
	14 NE	Ist Ave S	Suite 402				
				Address			
	Miam	i, FL 3313	2				
			City/S	State and Zip Code	:		
	patrick@	Baca-int.c	om				
			E-mail address: (to be use	d for future annua	l report notificat	ion)	
For furthe	r information o	oncerning	this matter, please call:				
ł	Patrick Farrell			646 at (725-7075	(
_	1	Name o	Contact Person	Area Code	Daytime	Telephone Number	
ī. F	MAILING AD Division of Cor Registration Se P.O. Box 6327 Fallahassee, FL	porations ction			STREET AD Division of Co Registration So Clifton Buildin 2661 Executiv Tallahassee, F	rporations ection ig e Center Circle	
	is a check for t II \$125.00 Filii		ng amount: \$\B\$\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy		5160.00 Filing Fee, Ce Status & Certified Cop	

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

maivanable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate name must includ	le "Limited Liab	ility Company," "L. L. C." or "L.L.C.
ssachusetts		3 81-2495868	1	
	hich foreign limited liability company is organized)	J	(FEI numb	er, if applicable)
	(Date first transacted business in Florida, if prior t	o registration.)		
ME Let Ave	(See sections 605.0904 & 605.0905, F.S. to deten	· · · ·		
NE 1st Ave (Street Address of	Principal Office)	6. 14 NE 1st Ave	(Mailing Addr	ess)
te 402	•	Suite 402		,
ami, FL 33132		Miami, FL 33132	2	
me and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		
Name:	Registered Agents, Inc.		Ì	
Office Address:	3030 N. Rocky Point Dr Suite 150A			
	Tampa	, Florida $\frac{1}{2}$	 33607	
	(City)	, Florida <u>-</u>	(Zip code	<u> </u>
ered agent's accep	stance.		1. ,	T)
g been named as ro atted in this applica aply with the provis	egistered agent and to accept service of ution, I hereby accept the appointment ions of all statutes relative to the prope is of my position as registered agent.	as registered agent and ag	gree to act i	liability company at the in this capacity. Is furth
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Typed or printed name of signee



The Commonwealth of Massachusetts Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02188

November 24, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ACA INTERNATIONAL LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on April 18, 2016.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: TIMOTHY FARRELL, PATRICK FARRELL

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: TIMOTHY FARRELL, PATRICK FARRELL

The names of all persons authorized to act with respect to real property listed in the most recent filing are: TIMOTHY FARRELL, PATRICK FARRELL



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Tranin Glein

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