# M18000003531

(Re	equestor's Name)	
(Ad	ldress)	
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(Cir	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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J. HARRIS

#### **COVER LETTER**

	Registration Section Division of Corporations			
CUB III	ACG Tallahassee	, LL	C	
SUBJEC	·		d Liability Company	
	osed "Application by Foreign Limited Liab e, and check are submitted to register the ab			
Please re	turn all correspondence concerning this ma	tter to the	following:	
	Terry J. Carlton			
		N	ame of Person	
	Jordan Price Wa	all G	ray Jones &	Carlton
	<del></del>	Fi	rm/Company	
	Post Office Box	106	69	
			Address	<del></del>
	Raleigh, North (	Caro	lina 27605	
		City/S	tate and Zip Code	<del> </del>
	hmassey@jorda	anpri	ce.com	
	E-mail address:	(to be used	for future annual report notific	cation)
For furth	er information concerning this matter, pleas	se call:		
	Hettie M. Massey		<sub>at</sub> 919 83	1-4477
,	Name of Contact Person		Area Code Da	nytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton 2661 E	T ADDRESS:  n of Corporations ation Section Building secutive Center Circle ssee, FL 32301	
	ed is a check for the following amou  \$125.00 Filing Fee \$130.00 Filing  Certificate of	g Fee &	■ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2018

TERRY J CARLTON JORDAN PRICE WALL GRAY JONES & CARLTON PO BOX 10669 RALEIGN, NC 27605

SUBJECT: ACG TALLAHASSEE, LLC

Ref. Number: W18000029481

We have received your document for ACG TALLAHASSEE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.  $\checkmark$ 

Please return 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00006163

RECEIVED

2018 APR 10 AH 11: 4.

DEPARTMENT OF STATE

SIVISION OF CORPORATION

TALLAHASSEE, FLORID:

ZIII APR TO PHIZ: 33

## 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. ACG Tallahassee, 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. North Carolina (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2054 Kildaire Farm Rd. #413, Cary, North Carolina 27518 (Street Address of Principal Office) 2054 Kildaire Farm Rd. #413, Cary, North Carolina 27518 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are Michael B. Conlon, MGR 2054 Kildaire Farm Rd. #413 Cary, North Carolina 27518 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 \$ 817.155, F.S.)

Michael B. Conlon

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Cor llahassee, LLC	npany is:		
If unavailable,	the alternate to be used in	the state of Florida is:		
2. The name a	and the Florida street addre	ss of the registered agent and office are:		
InCorp Services, Inc.				
		(Name)		
	17888 67th Co	ourt North		
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Loxahatchee	<sub>FL</sub> 33470		
		City/State/Zip		

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

of and land

Keri Sandler, on behalf of InCorp Services, Inc.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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## NORTH CAROLINA Department of the Secretary of State

## **CERTIFICATE OF EXISTENCE** (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### ACG TALLAHASSEE, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 22nd day of March, 2018, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of March, 2018.

Elaine I Marshall

Secretary of State