

M19000005187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

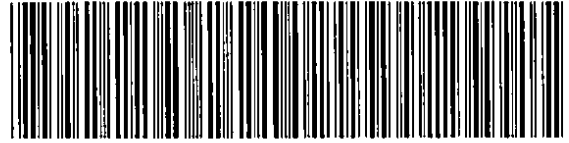
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

*customer requested
the "," after the V
in the name
(5-29-19 @ 10:00)

Office Use Only



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05/28/19--01004--008 ***375.00

5/28/19 10:27

DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

19 MAY 28 AM 11:29

B KINSEY

MAY 29 2019

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 5/28/2019

****WALK IN****

ENTITY NAME ACM VISION V, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125.00

CHECK # 6158

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACM VISION V, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Todd Merson

Name of Person

ACM VISION V, LLC

Firm Company

16 BERRYHILL RD, SUITE 200

Address

COLUMBIA, SC 29210

City, State and Zip Code

LEGAL@VPM2.COM

E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Merson

803

753-5530

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32313

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

2019 MAY 29 11:08:27

IN COMPLIANCE WITH SECTION 205.202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(b) Name must include either alternate name adopted by the principal transmitting business in Florida. The alternate name must include "Insurance Guaranty Corporation" 1-1-10 1-1-10

(b) (7)(D)			
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COLUMBIA, SC 29210	COLUMBIA, SC 29202
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Name	NRAT Services, Inc.
Office Address	1200 South Pine Island Road Plantation, Florida 33324
	(City) (Zip code)

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By Patricia A. Breen
Registered agent & signature

9010 MAY 20 11 0:27

8. For initial indexing purposes, list names, title or capacity, and addresses of the primary members, managers or persons authorized to manage (up to six (6) total):

Title or Capacity: Name and Address:

☐ Manager Name Alex Szkaradek

☒ Member Address 16 Berryhill Rd., Suite 200

☐ Authorized Columbia, SC 29210

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name _____

☐ Member Address _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name _____

☐ Member Address _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name Todd Merson

☐ Member Address 16 Berryhill Road, Suite 200

☒ Authorized Columbia, SC 29210

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name _____

☐ Member Address _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name _____

☐ Member Address _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.

10. This document is executed in accordance with section 605.020(1)(b) Florida Statutes. 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 s. 817.155, F.S.

Alex Szkaradek

Signature of an authorized person

Printed name of authorized person

9:10 MAR 29
8:27

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACM VISION V LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACM VISION V LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

5436465 8300

SR# 20194498627

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202893098

Date: 05-24-19