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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Jee 1. 20%

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I2000000195			
	REFERENCE	341015-57			
	AUTHORIZATION	: Sypullateral			
	COST LIMIT	; \$ 125.00			
ORDER DATE :	07/02/2020				
ORDER TIME :	11:09 am				
ORDER NO. :	341015-5				
CUSTOMER NO:	8151043				
FOREIGN FILINGS					

NAME: ACACIA LEASING LLC

_ √ Qt	JALIFICATION (TYPE: <u>LL</u>)
PLEASE F	RETURN THE FOLLOWING AS PROOF OF FILING:
	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Amanda Robinson, ext 62968
	EXAMINER:

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

ACACIA LEASING I			
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability Company," "L. L.C.," or "LLC.")	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "LLC.")
DELAWARE 2. (Jurisdiction under the law of which foreign himited liability company is organized)		3(FEI number	er, if applicable)
4.			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration.) ne penalty liability)	
3821 Bayside Court 5.		3821 Bayside Court 6.	
(Street Address of Principal Office)		6. (Mailing Address)	
Coconut Grove, FL 33	133	Coconut Grove, FL 33133	
			2020 TAL
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	JUL -2 A
Name:	Corporation Service Company		ANIO: 06
Office Address:	1201 Hays Street		06
	Tallahassee	32301 Florida	<u></u>
	(Cay)	(Zip code)	

Registered agent's acceptance:

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.

Bubbi Zupon, Assistant Vice President
(Registered agent's ugnature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized 0.5 manage [up to six (6) total]: Name and Address: Title or Capacity: Title or Capacity: Alexander Fuster ■ Manager ■ Manager Name: Address: 3821 Bayside Court Address: ■Member ☐ Member Coconut Grove, FL 33133 □ Authorized Authorized Person Person Other □Other____ Other Other_____ Name: ____ □Manager Name: _____ □ Manager Address: Address: □Member ☐ Member □ Authorized □ Authorized Person Person □Other_____ ☐Other_____ □Other_____ Other_____ Name: ______ Name: ____ □ Manager □Manager Address: □Member Address: _____ □ Member □ Authorized □ Authorized Person Person □Other _____ Other____ □Other □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 605.0203 (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. Alexander Fuster

fyped or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACACIA LEASING 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 FIRST DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACACIA LEASING LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2020.

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

TIC AM IO: 06



Authentication: 203211621

Date: 07-01-20

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SR# 20206024746