

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
Orlando ACC Colonial LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

DocuSign Envelope ID: 01D4C838-B1B8-435E-8528-811553B4CD80

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. Orlando ACC Colonial LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3.
(FEI number, if applicable)

4. n/a
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1401 Broad Street
(Street Address of Principal Office)
Clifton, New Jersey 07013

6. 1401 Broad Street
(Mailing Address)
Clifton, New Jersey 07013

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1
North Palm Beach, Florida 33408
(City) (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.


Carlos M. Alvarez, Special Secretary
(Registered agent's signature)

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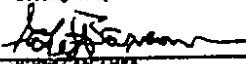
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name:	_____	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	_____	<input type="checkbox"/> Member	Address:	_____
<input checked="" type="checkbox"/> Authorized		Robert J. Ambrosi	<input checked="" type="checkbox"/> Authorized		James M. Steuterman
Person		1401 Broad St., Clifton, NJ 07013	Person		1401 Broad St., Clifton, NJ 07013
<input type="checkbox"/> Other		_____	<input type="checkbox"/> Other		_____
<input type="checkbox"/> Manager	Name:	_____	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	_____	<input type="checkbox"/> Member	Address:	_____
<input checked="" type="checkbox"/> Authorized		Marc A. Perel	<input checked="" type="checkbox"/> Authorized		Gary S. Baumann
Person		1401 Broad St., Clifton, NJ 07013	Person		1401 Broad St., Clifton, NJ 07013
<input type="checkbox"/> Other		_____	<input type="checkbox"/> Other		_____
<input type="checkbox"/> Manager	Name:	_____	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	_____	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized		_____	<input type="checkbox"/> Authorized		_____
Person		_____	Person		_____
<input type="checkbox"/> Other		_____	<input type="checkbox"/> 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 605.0203 (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, P.S.

Digitized by:


Signature of an authorized person

Gary S. Baumann, as Authorized Representative of ARCTRUST

Typed or printed name of signer

*** Investments Manager LLC, as Manager of Orlando ACC Colonial LLC

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORLANDO ACC COLONIAL 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORLANDO ACC COLONIAL LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2020.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

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SR# 20207326300

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

Authentication: 203676330

Date: 09-17-20