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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ACA PROPERTY GROUP, LLC	
Name of Limited Liability Compa	any
The enclosed "Application by Foreign Limited Liability Company for Authorization to Existence, and check are submitted to register the above referenced foreign limited lia	o Transact Business in Florida," Certificate of bility company to transact business in Florida.
Please return all correspondence concerning this matter to the following:	
Sabrina Y. Taylor	
ACA PROPERTY GROUP, LL	С
Firm/Company	
2233 N 47Th St	
Address	
Fort Pierce, FL 34946	
City/State and Zip Code	
sabrinat993@gmail.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please call:	
Sabrina Y. Taylor 772	267-0475
Name of Contact Person Area Code	Daytime Telephone Number
Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section Registration Section Sec	EET ADDRESS: sion of Corporations stration Section on Building Executive Center Circle shassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Certificate of Status Certified Co	

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:

ACA PROPER (Name of Foreign	TY GROUP, LLC Limited Liability Company; must include "Limite	d Liability Company," "	L.L.C.," or "LLC")		
Nevada	ame adopted for the purpose of transacting business in Fic nich foreign limited liability company is organized)	3.	n include "Limited Lubblity ((FEI number, if		
2233 N 47		sine penalty liability)	N 47Th (Mailing Address)	- St	
Fort Pierce	e, FL 34946	Fort F	Pierce, Fl		-
. Name and <u>street addres</u> Name:	S of Florida registered agent: (P.O. Box			2021 MAY 17 SELEPTAR	THE PARTY OF THE P
Office Address:	390 North Orange Ave.,	Ste.2300	00004	PM I2: 23	C
	Orlando (Cry)	, Flo	orida 32801 (Zip code)	23 	

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 of registered agent.

(Registered agent's signature)

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: Title or Capacity: Name and Address: Name: Sabrina Y. Taylor ✓ Manager Name: Address: 2233 N 47Th St Member ☐ Member Address: ______ Fort Pierce, FL 34946 Authorized Authorized Person Person Other_ Other____ Other____ Other__ Manager Manager Manager Name: _____ Name: _____ Member Address: _____ ☐ Member Address: _____ Authorized Authorized Person Person _______Other______ Other Other____ Other Manager Name: _____ Manager | Name: _____ ☐ Member Address: Member Address: _____ 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. Sabrina Y. Taylor

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ACA PROPERTY GROUP, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/28/2021, and is in good standing in this state.

Certificate Number: B202105061652375

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/06/2021.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State