

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000160644 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (614)573-3996

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

mail Address:	mail	Address:	natalie@aclaimegroup.com
---------------	------	----------	--------------------------

Foreign Limited Liability Company Aclaime Managers, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAY - 3 2024

To:

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDAE L. Aclaime Managers, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C.," or "U.C.") (If name unavailable, enter alternate name adopted for the purpose of hansacting business in Florida. The alternate name must include "Limited Lidning Company," "LLC," or "13 C.") Utah (Jurisdiction under the law of which foreign limited liability company is organized) (FIX number, if applicable) 4/1/2024 (Date first transacted business in Florida, if print to registration.) (See sections 605 6904 & 605 6905, F.S. to determine penalty liability.) 230 W Towne Ridge Pkwy Ste 520 PO Box 708755 (Mailing Address) (Street Address of Principal Office) Sandy, UT 84070 Sandy, UT 84070 7. Name and street address of Florida registered agent: (P.O. Box: NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation , Florida (City) 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. Katie Toon, Asst Secretary C.T. Corporation System

(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: Aclaime Asset Management, LLC	□Manager	Name: Justin Lucttgerodt
□Member	Address: PO Box 708755	□Member	Address: PO Box 708755
□Authorized	Sandy, UT 84070	∃Authorized	Sandy, UT 84070
Person		Person	
□Other		☑ Other	nd MapOther
□Manager	Name:	□Manager	Name: Natalic Royce
□Member	Address: PO Box 708755	□Member	Address: PO Box 708755
□ Authorized	Sandy, UT 84070	□ Authorized	Sandy, UT 84070
Person		Person	
Other	dent and Other	Operations Other	ManaeOther
⊡Manager	Name:	□Manager	Name:
_1Member	Address:	EMember	Address: Address:
□Authorized		□Authorized	AHAY AHAY
Person		Person	38 ≥
Other		Other	10 FEB (1)

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, F.S.

natelem				
	Signature of an authorized person			
Natalie Royce				
	lyped or minted name of signee			

To:



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Snit Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toil Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Weh Site: http://www.commerce.utah.gov



05/02/2024 7531731-016005022024-1520050

CERTIFICATE OF EXISTENCE

Registration Number: 7531731-0160

Business Name: ACLAIME MANAGERS, LLC

Registered Date: December 03, 2009 Entity Type: LLC - Domestic

Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



L'Weillette

Leigh Veillette
Director
Division of Corporations and Commercial Code