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CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195 REFERENCE: 100721 7866623 AUTHORIZATION : , // COST LIMIT : ORDER DATE: April 18, 2014 ORDER TIME : 5:27 PM ORDER NO. : 100721-010 CUSTOMER NO: 7866623 DOMESTIC FILING NAME: ACORN 6A OLD BETHEL ROAD REAL ESTATE, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

> CERTIFIED COPY ___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS:

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	ACORN 6A OLD BETHEL ROA	AD REAL ESTATE, LLC
50000		Limited Liability Company
The enclo	sed Articles of Organization and fee(s)) are submitted for filing.
Please ret	urn all correspondence concerning this	matter to the following:
	Kathleen Leuschel	
		Name of Person
	Sabal Financial Group, L.P.	
		Firm/Company
	4675 MacArthur Court, Suite 155	50
		Address
	Newport Beach, CA 92660	
	tammie.etchells@sabalfin.com	City/State and Zip Code
	_	: (to be used for future annual report notification)
For furthe	r information concerning this matter, p	olease call:
Kathleen	Leuschei	949 381-2784
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount: Siling Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courter Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	lability Company is:				
ACORN 6A OLD BETH (Mus		ATE, LLC .imited Liability Company, "L.L.C.," or "LLC.")	-		
ARTICLE II - Address: The mailing address and st	reet address of the princ	cipal office of the Limited Liability Company is:			
Principal Office Address:	1	Mailing Address:			
4675 MacArthur Court, Newport Beach, CA 926		4675 MacArthur Court, Suite 1550 Newport Beach, CA 92660	· ·		
(The Limited Liability Con another business entity with	npany cannot serve as it h an active Florida regi	·	dual or	281	
The name and the Florida s				APR	
<u> </u>	orporation Service Co	Name	SE	حَق د	<u> </u>
_12	01 Hays Street	Nanie	SEE, F	2	ED
Fİ	orida street address (P.0	O. Box <u>NOT</u> acceptable)	05	ج د بې	_
Ta	allahassee	_{FL} 32301	82	ယ္ထ	
	City	Zip	1.20	ω	
the place designated in capacity. I further agree of my duties, and I am fo	this certificate, I hereby to comply with the prov amiliar with and accept Corporation Service	cept service of process for the above stated limited liabile accept the appointment as registered agent and agree to isions of all statutes relating to the proper and complete the obligations of my position as registered agent as proceed to the company of the c	o act in this performan ovided for in	s ice	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Sabal Financial Group, L.P.
	4675 MacArthur Court, Suite 1550
	Newport Beach, CA 92660
AMBR	CADC/RADC Venture 2011-1, LLC
AMBIT	4675 MacArthur Court, Suite 1550
	Newport Beach, CA 92660
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E V: Effective date, if other than the ective date is listed, the date must be	date of filing:
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any.	date of filing:
ective date is listed, the date must be filling.) E VI: Other provisions, if any. mber and the Manager are each and the	e specific and cannot be more than five business days prior to or 90 days an agent of the Company for purposes of the Company's business.
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any, mber and the Manager are each and the each and	e specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the ective date is listed, the date must bot filling.) E VI: Other provisions, if any. mber and the Manager are each and the Manager ar	an agent of the Company for purposes of the Company's business. Lucular a member or an authorized representative of a member.
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E V: Effective date, if other than the ective date is listed, the date must be of filling.) E VI: Other provisions, if any. mber and the Manager are each and the Manager are each solution. REQUIRED SIGNATURE: Signature of (In accordance with see constitutes an affirmati I am aware that any fal constitutes a third degree. Kathleen Lee	an agent of the Company for purposes of the Company's business. a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State tee felony as provided for in s.817.155, F.S.) buschel, Authorized Representative Typed or printed name of signee