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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: New Filing Sec Division of Cor				
SUBJECT: Acom 1 Co	orp, LLC			
30BJEC1:		sulting Florida Lin	nited Co	mpany)
The enclosed Articles of Business Entity" into a	of Conversion, Artic Florida Limited Li	les of Organiza iability Compa	ition, ai ny" in a	nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please return all corres	pondence concernin	g this matter to	:	
Kerri Larkin				
	(Contact Person)	·	_	
Croskey Lanni, PC				
	(Firm/Company)		_	
345 Diversion, Suite 400)			
	(Address)		_	
Rochester, Michigan 48	307			
(Cit	y, State and Zip Code)		_	
klarkin@croskeylanni.co	m			
E-mail Address: (to be t	used for future annual re	port notifications)	-	
For further information	concerning this mat	tter, please call;		
Kerri Larkin		_at (, 659-	5300
(Name of Contact	Person)	(Area Code	e) (Day	time Telephone Number)
Enclosed is a check for dollars and drawn on a	the following amou bank located in the f	nt: (All checks United States)	proces	sed by this office must be payable in US
(\$25 for Conversion a	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Co		\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address New Filing Section of Control P.O. Box 6327 Tallahassee, FL	tion porations		New Divise The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Acorn 1 Corp	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.	:.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
February 20, 2020 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
Acorn 1 Corp, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days ofter	
the date this document is filed by the Florida Department of State.)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable statutes.	
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to	

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

DocuSign Envelope ID: 10052A0F-1A97-4F6A-9A88-F78C2O460DFE

Signed this 6th day of March	20
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	
Fritted Name: Wichael Fadden	Title: President
Signature(s) on behalf of Other Business Entity: Signature: Otan Addens	
Printed Name: Diane L Padden	Title: Vice President
Signature:	701.1
Printed Name:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Tist
If Florida Corporation:	Title:
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	Officer.
If Florida General Partnership or Limited Liabili	-
Signature of one General Partner.	<u> </u>
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Acorn 1 Corp. LLC (Must contain the words "Limited Liability	y Company, "f. l.,C.," or "l.LC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address: 7-4-748 South Federal hay	Mailing Address:
950 Pederal Hay Ederal Hwy	21381 Sweetwater Lane N
Deerlield Beach, Florida 33441	Boca Raton, Florida 33428
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Padden LLC	
Name	
21381 Sweetwater Lane N	
Florida street address (P.O.	Roy NOT googatable

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

Boca Raton

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AR	Michael T Padden
	21381 Sweetwater Lane N
	Boca Raton, FL 33428
AR	Diane L Padden
	21381 Sweetwater Lane N
	Boca Raton, FL 33428
	·
(Hen awark-range)	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
 	
DECIDED SICVATIONS	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
-mall	
Signature of a member of	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes, I am aware to ument to the Department of State constitutes a third degree fel

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