

L14000160706

Division of Corporations Page 1 of 1

Florida Department of State
 Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
 ACACIA CAPITAL INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

20612

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Acacia Capital Investments, LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>15714 NW 120th Place</u>	<u>15714 NW 120th Place</u>
<u>Alachua, FL 33615</u>	<u>Alachua, FL 33615</u>

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Carlos M. Truoba
Name

1985 NW 88th Court, Suite #101
Florida street address (P.O. Box NO^T acceptable)

Doral FL 33172
City Zip

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 603, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" - Authorized Member	
"MGR" - Manager	
<u>MGR</u>	<u>Gaston Rossato</u> <u>5787 SW 51 Street</u> <u>Miami, FL 33155</u>
<u>MGR</u>	<u>Christian Nicholas Gao</u> <u>15714 NW 120th Place</u> <u>Alachua, FL 32615</u>
<u>MGR</u>	<u>Renzo Rossato</u> <u>3030 SW 82nd Place</u> <u>Miami, FL 33165</u>

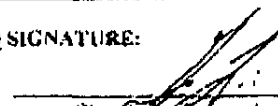
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL.)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



 Signature of a member or an authorized representative of a member.
 (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Gaston Rossato
 Typed or printed name of signee

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