



L010000013612

ACCOUNT NO. : 072100000032

REFERENCE : 335634 7280645

AUTHORIZATION :

*Patricia Pignatelli*

COST LIMIT : \$ 125.00

ORDER DATE : July 31, 2001

ORDER TIME : 2:31 PM

ORDER NO. : 335634-001

CUSTOMER NO: 7280645

200004534872--7

CUSTOMER: Mr. Patrick Mahoney  
Mr. Patrick F. Mahoney

114 Lighthouse Drive

Jupiter, FL 33469

DOMESTIC FILING

NAME: ACORN PARTNERS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward, Ext. 1135

EXAMINER'S INITIALS:

01 AUG 14 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVE  
AND  
FILED

*JP*  
*8-15-01*

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ACORN PARTNERS, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

114 Lighthouse Drive, Jupiter, Florida 33469

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

<u>Corporation Service Company</u>		
Name		
<u>1201 Hays Street</u>		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
City, State, and 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 608, F.S..*

Corporation Service Company

By: Laura R. Dunlap  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R. Dunlap  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Laura R. Dunlap  
Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

01 AUG 14 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

## LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of ACORN PARTNERS, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 13<sup>th</sup> day of August, 2001.

Patrick Mahoney  
Signature

PATRICK MAHONEY  
Print Name of Signer

WITNESS:

Emily Gray  
Signature

EMILY N GRAY  
Print Name of Witness

WITNESS:

Wheaton AB Mahoney  
Signature

Wheaton Mahoney  
Print Name of Witness

01 AUG 14 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED