Division of Corporations

L05000052455

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

Please file 1st
Before audit # H05000131630
Thanks!
Jennifer

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

LIMITED LIABILITY COMPANY

ACS I GP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ACS I GP LLC

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

Principal Office Address:	Mailing Address:
2977 MCFARLANE ROAD, SUITE 303	SAME
COCONUT GROVE, FLORIDA 33133	

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

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

ROBERT CAMBO
Name

2977 MCFARLANE ROAD, SUITE 303
Florida street address (P.O. Box NOT acceptable)

COCONUT GROVE, FLORIDA 33133
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..

[signature]
Registered Agent's Signature

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ROBERT CAMBO 2977 MCFARLANE ROAD, SUITE 303 COCONUT GROVE, FLORIDA 33133
MGR	JONATHAN HAGE 6245 N. FEDERAL HIGHWAY, 5TH FLOOR FT. LAUDERDALE, FLORIDA 33308

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 606.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERT CAMBO
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

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