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(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5	5973
	Office Use Only
CORPORATION NAME(S) & DOCUM	
1.AC INVESTMENT	
(Corporation Name)	(Document #)
,	Cas y
(Corporation Name)	(Document #)
	(
3.	
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
Walk in Pick up time A Mail out Will wait NEW FILINGS	Certified Copy Photocopy Certificate of Status AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

AC INVESTME	NT, LLC
(must end with the words "Limited Liability Company," "Limited Liability Company," "Limited Liability Company,"	ed Company" or their abbreviation "LLC" or "L.C."
ARTICLE II - Address:	
The mailing address and street address of	f the principal office of the Limited Company is
	it the philicipal office of the climited company is
Principal Office Address:	Mailing Address:
· ·	, ,

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:

ANDREA CASTRO			
Name			
14530 SW 180 STREET			
Florida street address (P.O. Box NOT acceptable			
MIAMI, FL. 33177			
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 appointments 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.

Registered Agent's Signature (REQUIRED)

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SECRETARY OF STATE IVISION OF CORPORATIONS

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ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

=Manager =Managing Member	Name and Address:		
MGR	ANDREA CASTRO 14530 SW 180 STREET MIAMI, FL. 33177		
<u>.</u>			
ent if necessary)			
ctive date is listed, the da	te must be specific and cannot l	(OPTIONAL) be more than five	
	=Managing Member MGR ent if necessary) V: Effective date, if other the cive date is listed, the date date date date date date date dat	=Manager =Managing Member MGR ANDREA CASTRO 14530 SW 180 STREET MIAMI, FL. 33177	

REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member

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

ANDREA CASTRO

Typed or printed name of signee

Filing fee:

\$125.00 Filing Fee for Articles of Organization and designation of Registered Agent \$30.00 Certified copy (Optional) \$5.00 Certified of Status (Optional) 06 OCT 12 PH 2: 16

DIVISION OF CORPORATIONS