

L090000 78980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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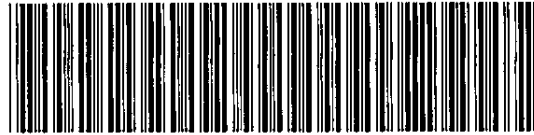
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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08/18/09--01001--007 **155.00

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09 AUG 17 PM 3:42

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 AUG 17 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 18 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS) ,
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 08/17/09

REF. #: 0150.109168

CORP. NAME: ACAP FUND ONE GP, LLC

***File first**

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09 AUG 17 AM 8:15
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 531395 FOR \$ 155.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

ACAP FUND ONE GP, LLC

a Florida limited liability company

1. The name of this limited liability company is ACAP FUND ONE GP, LLC (the "Company").

2. The principal place of business and the mailing address of the Company is:

139 NE 1st Street, PH 15
Miami, Florida 33132

3. The name and address of the registered agent of the Company is:

John Grady
139 NE 1st Street, PH 15
Miami, Florida 33132

4. The Company is to be managed by one or more managers.

IN WITNESS WHEREOF, the undersigned authorized person has executed these Articles of Organization this 17th day of August 2009.

John Grady

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACKNOWLEDGMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent for ACAP FUND ONE GP, LLC, at the place designated in these Articles of Organization, hereby agrees to act in such capacity and to comply with the provisions of law in relation thereto. The undersigned is familiar with the obligations of a Registered Agent under the Florida Limited Liability Company Act.



John Grady