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T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TGO ACASIT LLC

Signature _____

Requested by: BA

2/24/16

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ ✓ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
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____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ✓ Cert. Copy _____
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____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TGO ACASIT LLC

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

ARTICLE II - Address:

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

Principal Office Address:

5836 NW LOMB CT
PORT ST LUCIE FL 34986

Mailing Address:

P.O. BOX 12141
FORT PIERCE FL 34979

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:

MICHAEL CASON

Name

5836 NW LOMB COURT

Florida street address (P.O. Box **NOT** acceptable)

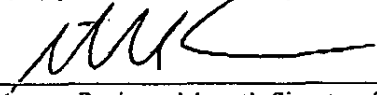
PORT ST LUCIE FL 34986

City

State

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MICHAEL CASON

5836 NW LOMB COURT

PORT ST LUCIE FL 34986

AMBR

EUGENIO ORTIZ

1312 OXFORD STREET

BERKELEY CA 94709

AMBR

CLIFFORD GONG

890 ALMA PLACE

OAKLAND CA 94610

AMBR

PETER TSU

508 SEA CLIFF PLACE

RICHMOND CA 94801

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

SEE ATTACHED (EXHIBIT A)

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

MICHAEL CASON

Typed or printed name of signer

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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EXHIBIT A

Property and Business Ownership Percentage

Property *ownership percentage* is the percentage used to disburse funds. This section describes how each member's *property ownership percentage*, for each individual property contained under **TGO Acasit LLC**, will be determined. Although we state above designated levels of partner ownership in **TGO Acasit LLC**, these percentages may not always correspond to the investment ownership in the individual properties held under **TGO Acasit LLC**. When the percentage invested in a given property by a member of **TGO Acasit LLC** is not the same as his level of ownership for **TGO Acasit LLC**, the *ownership percentages* for that property will be calculated based on the total contribution each member makes towards the purchase and any other related expenses of that property. These *ownership percentages* will be used as the official distribution percentages of funds upon sale and/or distribution percentages of gains garnered from any activities the property has that generates income net of all fees and expenses.

The property ownership percentage of a member may differ from one property to the next. Therefore an overall business ownership percentage of the company will be calculated based on the property value weighted average of all property *ownership percentages* for each member.

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