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FLORIDA LIMITED LIABILITY CO.  
AET INVESTMENTS IV, LLC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Articles of Organization**

**ARTICLES OF ORGANIZATION OF "AET Investments IV, LLC."**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I-Name:**

The name of the Limited Liability Company is:

AET Investments IV, LLC.

**ARTICLE II-Address:**

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

999 Ponce de Leon Blvd. Suite 650  
Coral Gables FL, 33134

**ARTICLE III-Registered Agent and Registered Office**

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

Axial Management Services, LLC.  
999 Ponce de Leon Blvd. Suite 650  
Coral Gables FL, 33134

**ARTICLE IV - Members/Managers**

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

<u>Title</u>	<u>Name and Address</u>
Manager	Creon Management, LLC. 999 Ponce de Leon Blvd. Suite 650 Coral Gables FL, 33134

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 19th day of May, 2016.

Axial Management Services, LLC.


Name: Hiram Ocariz  
Title: Registered Agent

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ANTONIO ALONSO, PLLC. - ATTORNEY AT LAW  
1541 SUNSET DR., SUITE #201, CORAL GABLES, FL 33143  
D. 305.606.0399 | O. 305.677.0125 | F. 305.677.0192

(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, F.S.)

Axial Management Services, LLC.

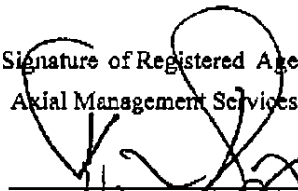
Signature:   
Name: Hiram Ocariz  
Title: Registered Agent

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, F.S.)

Signature of Registered Agent  
Axial Management Services, LLC.

Signature:   
Name: Hiram Ocariz  
Title: Registered Agent

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