

2/10/2017

L170000031045

Division of Corporations
Florida Department of State

Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ACI 2404, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2017 FEB 10 AM 10:50

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACI 2404, 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:

Mailing Address:

2404 NE 13 AVENUE
GAINESVILLE, FL 32641

P.O. BOX 411
ALACHUA, FL 32616-0411

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:

CARLOS M. TRUEBA

Name

1985 NW 88TH CT. SUITE #101

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

DORAL

FL

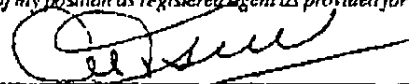
33172

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)

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ARTICLE IV-

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

GASTON ROSSATO

5787 SW 51 STREET

MIAMI, FL 33155

MGR

CHRISTIAN NICHOLAS CAO

15714 NW 120TH PLACE

ALACHUA, FL 32615

MGR

RENZO ROSSATO

3020 SW 92ND PLACE

MIAMI, FL 33165

AMBR

ACACIA CAPITAL INVESTMENTS, LLC

15714 NW 120TH PLACE

ALACHUA, FL 32615

(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.

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.

GASTON ROSSATO

Typed or printed name of signer

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