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(FAX)

P.001/002

8/29/2018

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Account Name : GREENE HAMRICK QUINLAN & SCHERMER, P.A.
Account Number : 118890000030
Phone : (941)747-1871
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Email Address: khovath@manateelegal.com

FLORIDA LIMITED LIABILITY CO.
Acorn Skyline, LLC

Certificate of Status	1
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Acorn Skyline, LLC

ARTICLE II - Address:

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

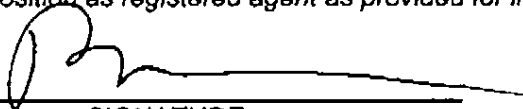
1515 U.S. 1, Suite 103
Sebastian, Florida 32958

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert F. Greene, Esq.
601 12th Street West
Bradenton, Florida 34205

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 property 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.

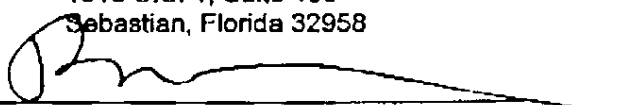

SIGNATURE

ARTICLE IV - Management:

The name and address of each person/entity authorized to manage and control the limited liability company:

Title:
MGR

Name and Address:
David Fahmie
1515 U.S. 1, Suite 103
Sebastian, Florida 32958


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

(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 in section 817.155, Florida Statutes)

Robert F. Greene
Typed or printed name of signer

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