Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001366113)))



H210001366113ABCV

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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.

ACR West Gainesville Investors, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
ACR West Gainesville			
(Must conta	in the words "Limited Lia	bility Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal offic	e of the Li	mited Liability Company is:
<u>Principa</u>	Office Address:		Mailing Address:
300 Avenue of the Ch	ampions		300 Avenue of the Champions
Suite 140		_	Suite 140
Palm Beach Gardens,	FL 33418	_	Palm Beach Gardens, FL 33418
ARTICLE III - Registered Ages (The Limited Liability Company another business entity with an ac The name and the Florida street a	cannot serve as its own Rective Florida registration.)	gistered A	Agent's Signature: gent. You must designate an individual or
	Comiter, Singer, Basem	an & Brau	n, LLP
	7	lame	
	3825 PGA Blvd., Suite	701	
	Florida street address (I	O. Box N	OT acceptable)
	Palm Beach Gardens	FL	33410
	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)

15612148442

<u> Title:</u>	Name and Address:
"AMBR" = Authorized Memb	er
"MGR" = Manager	
MGR	Richard Baer
MOR	300 Avenue of the Champions, Suite 140
	Palm Beach Gardens, FL 33418
(Use attachment if necessary)	
ective date is listed, the date (of filing.)	
EV: Effective date, if other the ective date is listed, the date is filling.) the date inserted in this blockment's effective date on the D EVI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
EV: Effective date, if other the ective date is listed, the date of filing.) the date inserted in this block ment's effective date on the D EVI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
EV: Effective date, if other the ective date is listed, the date is filling.) the date inserted in this block ment's effective date on the DE VI: Other provisions, if any. REQUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. Description:
EV: Effective date, if other the ective date is listed, the date is filling.) the date inserted in this block ment's effective date on the DE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature: This docume	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. Description: The of a member or an authorized representative of a member. In it is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date, if other the ective date is listed, the date is filling.) the date inserted in this block ment's effective date on the DE VI: Other provisions, if any. REQUIRED SIGNATURE: Signati This docume Lam aware the	does not meet the applicable statutory filing requirements, this date will not epartment of State's records. Description:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

- 5 5.00 Certificate of Status (Optional)