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Name:	ACP Logistics & Industrial II LLC
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COVER LETTER

TO:	New Filing So Division of Co				
SUBJEC	ACP Log	istics & Industrial II			
302020		Nam	e of Limited L	iability Company	
The encl	osed Articles o	f Organization and f	ce(s) are subm	itted for filing.	
Please re	tum all corresp	ondence concerning	this matter to	the following:	
	Richard L.	Winston			
			Nam	e of Person	
	Winston Le	gal Group LLC			
			Firm	/Company	
	1395 Bricke	ell Avenuc, Suite 800)		
			A	ddress	
	Miami, Flor	ida 33131			
	Richard@wir	nstonlegalgroup.com		e and Zip Code	
				re annual report notificat	tion)
For further		ncerning this matter		·	,
	Richard L. W	Vinston	305 at (668-5395	
	Nam	e of Person		e Daytime Telephor	ne Number
Enclosed	is a check for t	he following amount	<u>.</u>		
		□\$130.00 Filing Certificate of Stat	Fee & □5 us Cer	\$155.00 Filing Fee & tified Copy ional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F. Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assec et, Suitc 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 JUN 24 AM 8: 27

				TOTE JON 24 AM
ACP Logistics & Inc	iustrial II LLC			Strong to
(Must cont	ain the words "Limited I	Liability Company, "I	L.C.," or "LLC.")	TÄLLAHASSE
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited L	iability Company is:	
<u>Princip</u>	al Office Address:		Mailing Ado	dress:
1450 Brickell Avenu Miami, Florida 3313			Brickell Avenue, Suit i, Florida 33131	e 1690
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration	Registered Agent. Yon.)	's Signature: ou must designate an	individual or
	C T Corporation Sys			
		Name		
	1200 South Pine Isla	ind Road		
	Florida street addres	is (P.O. Box <u>NOT</u> ac	ceptable)	
	Plantation	Florida	33324	
	City	State	Zip	
Having been named as registered place designated in this certificat further agree to comply with the pam familiar with and accept the c	e,'l hereby accept the app provisions of all statutes to obligations of my position Regis	pointment as registere relating to the prope as registered agent of	d agent and agree to a and complete perform s provided for in Chap (REQUIRED)	ance of my duties, and I

(CONTINUED)

Asst. Secretary

"AMBR" =		Name and Address:
	Authorized Member	
"MGR" = N	Manager	
<u>MGR</u>		ACP Capital Management, LLC
		1450 Brickell Avenue, Suite 1690
		Miami, Florida 33131
		· 25
		
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		2: 2
	<u> </u>	क्रिक
		
(Use attachr	nent if necessary)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
LLE V: Effecti	ve date, if other than the date of:	filing: (OPTIONAL)
effective date is te of filling.) If the date inse	s listed, the date must be specificated in this block does not mee	filing: (OPTIONAL) The and cannot be more than five business days prior to or 90 days It the applicable statutory filing requirements, this date will not be 1
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effective date is the of filing.) If the date insecument's effect CLE VI: Other	s listed, the date must be specificated in this block does not meetive date on the Department of Sprovisions, if any. 2 SIGNATURE: Signature of a membor This document is executed I am aware that any false informations.	ic and cannot be more than five business days prior to or 90 days t the applicable statutory filing requirements, this date will not be l State's records.
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-