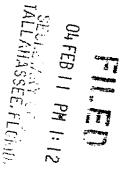
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

	stration Section sion of Corporations	
SUBJECT:	432 Prater Avenue LLC	
• · · · · · · •	(Name of Limited Liability Company)	•
The enclosed	Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Sharon Desbien	TAL SE C
	(Name of Person)	LA P
	Law Office of Robert J. Mintz	IF B
•	(Firm/Company)	THE STATE OF THE S
	2741 Vista Way, Suite 105	To B III
	(Address)	
	Oceanside, CA 92054	
	(City/State and Zip Code)	_
For further in	formation concerning this matter, please call:	
Sharo	on Desbien at (760) 967-7748	
	(Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

432 Prater Avenue LLC

ARTICLE II - Address:

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

26822 Calle Maria, Mission Viejo, CA 92691

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

The name and the	ne Florida street address o	of the registered a	gent are:		ES C
	Jean Misner	March.		1	1477 1470 1470
	c/o Re-Max	Name	<u></u>	<u> </u>	TANAL AND
	4907 NW 43rd Streee, Ste. A				Ally SSE
Florida street address (P.O. Box NOT acceptable)			ole)	The state of the s	
	Gainesville,	F	L 3260	6	10

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 608, F.S.

City, State, and Zip

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ronald H. Lerman

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)