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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LP/LLP

a & h family limited partnership

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$1,000.00 |

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H07000010956

(2)

CERTIFICATE OF LIMITED PARTNERSHIP

1. A & H Family Limited Partnership

(Name of Limited Partnership; must contain a suffix such as "Limited", "LTD", or "Limited Partnership")

2. 1820 North Corporate Lakes Boulevard, Suite 201, Weston, FL 33326
(Business address of Limited Partnership)

3. Don Gonzalez, Esq.

(Name of Registered Agent for Service of Process)

4. 1820 North Corporate Lakes Boulevard, Suite 201, Weston, FL 33326
(Street address for Registered Agent)5. Don Gonzalez
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)6. 1820 North Corporate Lakes Blvd., Suite 201, Weston, FL 33326
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: January 1, 2057

8. Name(s) of general partner(s):

Street Address:

Arreaza Investment Corp.

1820 N. Corporate Lakes Blvd., Suite 201
Weston, FL 33326

H0700004524

Under penalties of perjury I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 10th day of January, 2007.

Signature of all general partners:

Alejandro Arreaza, President of Arreaza Investment Corp.,

General Partner

General Partner

General Partner

General Partner

General Partner

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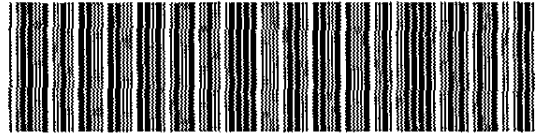
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DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Six Oaks Investments, 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:

Rodney E. Reams

(Name of Person)

Reams and Reams, CPA's

(Firm/Company)

2019 Centre Point Blvd Suite 102

(Address)

Tallahassee, Florida 32308

(City/State and Zip Code)

For further information concerning this matter, please call:

Rodney E. Reams

(Name of Person)

at (850)

325-6476

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Six Oaks Investments, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

2019 Centre Point Blvd
Tallahassee, Florida 32308
Suite 102

Mailing Address:

2019 Centre Point Blvd
Tallahassee, Florida 32308
Suite 102

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:

Rodney E. Reams

Name

2019 Centre Point Blvd

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

Tallahassee FL 32308

City, State, and 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 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Quality Homes, LLC / FEIN 202427027

2019 Centre Point Blvd

Tallahassee, Florida 32308

MGRM

Chris Morris

3940 WW Kelley Road

Tallahassee, Florida 32311

MGRM

Danny Miller

Rt 3 Box 2040

Quincy, Florida 32351

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TALLAHASSEE, FLORIDA

(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.)

REQUIRED SIGNATURE:



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.)

Rodney E. Reams

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)