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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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## TRANSMITTAL LETTER

TO: Registration Se Division of Con				•			
SUBJECT: PRUDEN	ITIAL CRES BROKERAGE,						
	(Name of Limite	d Liability Company	y)				
	f Organization and fee(s) are s	-					
Please return all corresp	ondence concerning this matte	er to the following:					
	J	effrey S. Senney					
	(1	Name of Person)		<u></u>			
		haeffer & Ebeling	Co., LPA			•	
	(	Firm/Company)					
	2700 Kett	ering Tower, 40 N	. Main St.				
		(Address)	-		_		
					E SE	20	
	Day	ton, OH 45423-27	700		j Ç	=	
<del></del>		State and Zip Code)		<del></del> .	<del></del>	<del>-2</del> 5	FILED
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For further information	concerning this matter, please	call:				05 MAR -8 AM 11: 14	O
			000 4400				
Jeffrey S. Senney	of Person)	ai (	223-1130	elephone Number	<u>. 3 m</u>	1-	
(Ivanie	of reison)	(Alea Code a	c Dayume 16	rephone Mumber	,		
Enclosed is a check fo	r the following amount:						
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filis Certified Copy (additional copy is		Sertificate of Certified Conditional cop	of Status & opy	k	
	ET ADDRESS:		AILING A				
	ration Section on of Corporations		gistration So vision of Co				
	Gaines Street	P.o	O. Box 6327	7			

Tallahassee, Florida 32314

Tallahassee, Florida 32399

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:  Prudential CRES Brokerage, LLC  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  925 South Federal Highway 925 South Federal Highway 926 South Federal Highway 927 South Federal Highway 928 Booa Raton, FL 33432  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  Ingrid van Arnhem Name 925 South Federal Highway, Sts. 100 Florida street address (P.O. Box NOT acceptable) Boca Raton, FL 33432 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, thereby 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  ARTICLE III - Registered Agent's Signature	ARTICLE I - Nam	e:		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  925 South Federal Highway 925 South Federal Highway 926 South Federal Highway 927 South Federal Highway 928 South Federal Highway 929 South Federal Highway 929 South Federal Highway 929 South Federal Highway 920 Ration, FL 33432  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:    Ingrid van Arnhem	The name of the Lin	nited Liability Company is:		
The mailing address and street address of the principal office of the Limited Liability Company is:    Principal Office Address:   Mailing Address:	Prudential CRES Brok	kerage, LLC		<del> </del>
Principal Office Address:  925 South Federal Highway  Ste. 100  Boca Raton, FL 33432  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  Ingrid van Arnhem  Name  925 South Federal Highway, Ste. 100  Florida street address (P.O. Box NOT acceptable)  Boca Raton, FL 33432  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.				
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Ste. 100  Boca Raton, FL 33432  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  Ingrid van Arnhem  Name  925 South Federal Highway, Ste. 100  Florida street address (P.O. Box NOT acceptable)  Boca Raton, FL 33432  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	Principal Office Ac	ldress:	Mailing Address:	:
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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:    Ingrid van Arnhem	Ste. 100		Ste. 100	1
The name and the Florida street address of the registered agent are:    Ingrid van Arnhem	Boca Raton, FL 3343	2	Boca Raton, FL 33432	
The name and the Florida street address of the registered agent are:    Ingrid van Arnhem	ADTICLE III - Da	nistored Agent Degistered	Office & Partistand Age	nt's Signature
Ingrid van Arnhem  Name  925 South Federal Highway, Ste. 100  Florida street address (P.O. Box NOT acceptable)  Boca Raton, FL 33432  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  MANA WAN WANNELLEM.	ARTICLE III - Re	gistereu Agent, Registereu	Onice, & Registered Agei	it's Signature.
Page South Federal Highway, Ste. 100  Florida street address (P.O. Box NOT acceptable)  Boca Raton, FL 33432  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  MANUAL WAW AMALLAM	The name and the F	lorida street address of the re	egistered agent are:	
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Registered Agent's Signature	liability compan registered agent and statutes relating to	y at the place designated in to d agree to act in this capacity o the proper and complete pe	his certificate, I hereby accep	ot the appointment as with the provisions of all I am familiar with and
1.1		Trapid var    Registered Agent's	a Dunlem	l

(CONTINUED)

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

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

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MORIVI ~ Ivialiaging ivientoes			
MGRM	Mark Donahue		
	925 S. Federal Highway, Ste. 100		
	Boca Raton, FL 33432	<del></del>	
MGRM	Ingrid van Arnhem		
	925 S. Federal Highway, Ste. 100		
	Boca Raton, FL 33432		
		<del></del>	
		<del>_</del> _	
(Use attachment if necessary)	IA	⊕ <b>3</b>	
(Ose attachment if necessary)		<b>=</b>	
NOTE: An additional article must l	be added if an effective date is requested.	~ <del>~ 8</del>	=
REQUIRED SIGNATURE: /	۲۰ ۲۰		UBJI
KEQUINED SIGNATURE.	· · · · · · · · · · · · · · · · · · ·		
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Signatura of a symbol	r or an authorized representative of a member.		
· ()	-		
(In accordance with sec	tion 608.408(3), Florida Statutes, the execution		
that the facts stated he	tutes an affirmation under the penalties of perjury erein are true.)		
Ingrid van Arnhem			
Tyr	ped 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)