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| (Ad | ldress) | | |
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| (Ad | ldress) | | |
| (Cit | ty/State/Z | ip/Phone # |) |
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| (Bu | siness E | ntity Name |) |
| (Do | cument l | Number) | |
| Certified Copies | _ Ce | rtificates of | f Status |
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| Special Instructions to | Filing Off | īcer: | |
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| Updater Verifyer | UUD | | |
| Acknowledgement | DCC | | |
| W. P. Verifyer | DCC | | |



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MECRETARY OF STATE

TRANSMITTAL LETTER

| FO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: AQUILLA 2802 PROPERTY INVESTMENTS | S, LLC | | | |
| (Name of Limited Liability Company | <u>y)</u> | | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Alan Russell | | | | |
| (Name of Person) | | | | |
| | | | | |
| CSS Nevada | | | | |
| (Firm/Company) | | | | |
| | | | | |
| 4535 W. Sahara Ave., Ste. 2 | 204 | | | |
| (Address) | | | | |
| | | | | |
| Las Vegas, NV 89102 | | | | |
| (City/State and Zip Code) | TARE 200 | | | |
| (City/State and Zip Code) For further information concerning this matter, please call: | | | | |
| For further information concerning this matter, please call: | SAPRILL CORFIARY OF THE PROPERTY OF THE PROPER | | | |
| Alan Russell at (702) | 933-4030 Payline Telephone Number 7 | | | |
| | & Daytime Telephone Number | | | |
| | ATE CONTE | | | |
| Enclosed is a check for the following amount: | | | | |
| □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Certificate of Status Certified Copy (additional copy is a | Certificate of Status & | | | |

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: | | | | | |
|--|--|---------------------|--|--|--|
| AQUILLA PROPERTY INVESTMENTS | S, LLC | | | | |
| ARTICLE II - Address: The mailing address and street addr | ress of the principal office of the Limited Liability Compan | y is: | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 283 Cranes Roost Blvd. (#111) Altamonte Springs, FL 32701 | 283 Cranes Roost Blvd., (#111) Altamonte Springs, FL 32701 | | | | |
| The name and the Florida street add | Sugan Poherte | T | | | |
| | orida street address (P.O. Box NOT acceptable) | J | | | |
| Altarnonte | e Springs, FL 32701 | | | | |
| liability company at the place de registered agent and agree to act in statutes relating to the proper and | agent and to accept service of process for the above stated limesignated in this certificate, I hereby accept the appointment on this capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with a sition as registered agent as provided for in Chapter 608, F.S. | as of all and | | | |

(CONTINUED)

Registered Agent's Signature

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| MGRM | Orange Investments, LP |
| | 4535 W. Sahara Ave., Ste. 204 Las Vegas, NV 89102 |
| | |
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| | |
| (Use attachment if necessary) | SECRE APRILLANDER OF TALLANDER APRILLANDER OF TALLANDER O |
| NOTE: An additional article must be a | ndded if an effective date is requested. |
| REQUIRED SIGNATURE: | of SIME E. FLORIE |
| _ | an authorized representative of a member. |
| | 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.) |
| | Alan Russell |
| Typed o | 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)