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Office Use Only



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COVER LETTER

TO:

Registration Section

| Division of Co | orporations | | | |
|------------------------------|---|--|---|--|
| SUBJECT: Prime I | International Propertie | es West LLC | | |
| | (Name of Limite | d Liability Company) | | |
| | f Organization and fee(s) are s | - | | |
| Please return all corresp | ondence concerning this matte | er to the following: | | |
| Syed S. Hu | ussain | | | |
| | (| Name of Person) | | |
| Prime Inter | national Properties l | LLC | | |
| | (| Firm Company) | | |
| 7685 103r | d Street | | | |
| | | (Address) | , | |
| Jacksonvi | lle, Florida 32210 | | | |
| | | State and Zip Code) | | |
| For further information | concerning this matter, please | only. | | |
| To radio mondon | concerning this matter, picase | | | |
| Syed S Hussain | | at (904 771-111 | 6 7×5 20 | |
| (Name | of Person) | (Area Code & Daytime T | 'elephone Number) | **** |
| Enclosed is a check for | or the following amount: | | Celephone Number) LLCRETARY 3 | 42342523 |
| ▼ \$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 & Tertified Copy Tertifi | Production () The Control of the Co |
| | Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ons r Circle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| | | C | |
|---|--|--|--|
| | ional Properties West, LL0 words "Limited Liability Compar | ny, "Limited Company" or their abbreviation "LLC," or "L.C.,") | |
| ARTICLE II | E II - Address: | | |
| The mailing ac | ddress and street address of | of the principal office of the Limited Liability Company is: | |
| Principal Offi | ice Address: | Mailing Address: | |
| 7685 103rd Stree | t | 7685 103rd Street | |
| Jacksonville, Flor | ida | Jacksonville, Florida | |
| 32210 | | 32210 | |
| | Sved S. Hussain | | |
| | Syed S. Hussain | Name | |
| | 7685 103rd Street | · | |
| | 7685 103rd Street Florida | street address (P.O. Box NOT acceptable) | |
| | 7685 103rd Street Florida Jacksonville | street address (P.O. Box <u>NOT</u> acceptable) FI 32210 | |
| | 7685 103rd Street Florida Jacksonville | street address (P.O. Box NOT acceptable) | |
| | 7685 103rd Street Florida Jacksonville Cit named as registered agent | street address (P.O. Box <u>NOT</u> acceptable) Fl. 32210 Ty, State, and Zip The analysis of process for the above stated limited | |
| liability co | 7685 103rd Street Florida Jacksonville Cit named as registered agent mpany at the place design | street address (P.O. Box <u>NOT</u> acceptable) FL 32210 Ty, State, and Zip The address of process for the above stated limited attending the third cated in this certificate, I hereby accept the appointment as | |
| liability co registered age | 7685 103rd Street Florida Jacksonville Cit named as registered agent impany at the place designatent and agree to act in this | street address (P.O. Box NOT acceptable) FL 32210 Ty, State, and Zip The address of process for the above stated limited atted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all and the acceptable acceptable. | |
| liability co registered age statutes rela | 7685 103rd Street Florida Jacksonville Cit named as registered agent impany at the place designatent and agree to act in this ting to the proper and com | street address (P.O. Box NOT acceptable) FL 32210 The state, and Zip It and to accept service of process for the above stated limited atted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and | |
| liability co registered age statutes rela | 7685 103rd Street Florida Jacksonville Cit named as registered agent impany at the place designatent and agree to act in this ting to the proper and com | street address (P.O. Box NOT acceptable) FL 32210 Ty, State, and Zip The address of process for the above stated limited atted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all and the acceptable acceptable. | |

(CONTINUED)
Page 1 of 2

S 30-07

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

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

| ective date is listed, the date lays after the date of filing REQUIRED SIGNATURE Signature of this document of this document that the factorial in the factor | Syed S Hussain 5115 Ortega Farms Jacksonville, Florida 32210 | |
|--|---|----------|
| Use attachment if necessary E V: Effective date, if other ective date is listed, the data lays after the date of filing REQUIRED SIGNATURE Signature of this document of this document of the factorial of the date of the factorial of the date of | 5115 Ortega Farms | |
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