

# L12000093886

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (950) 617-6383

From:

Account Name : A.A.ALI, CPA  
Account Number : 120000000192  
Phone : (407) 298-3900  
Fax Number : (407) 298-0660

Effective Date 7-17-12

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**FLORIDA LIMITED LIABILITY CO.  
PRH HOLDINGS LLC.**

Certificate of Status	1
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Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**PRH HOLDINGS LLC.**

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

**ARTICLE II - Address:**

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

**129 LOMBARD CIRCLE  
CLERMONT, FL 34711**

**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:

**A.A. ALI, CPA  
1322 N. PINEHILLS ROAD  
ORLANDO, FL 32808**

*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..*



**A.A. ALI, CPA / Registered Agent's Signature**

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

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

"MGR" = Manager

"MGRM" = Managing Member

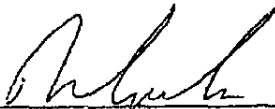
**SOBAN PASHA, MGRM  
129 LOMBARD CIRCLE  
CLERMONT, FL 34711**

**RUBABA PASHA, MGRM  
129 LOMBARD CIRCLE  
CLERMONT, FL 34711**

**ARTICLE V: Effective date, if other than the date of filing: 17<sup>TH</sup> July, 2012**

**(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.)**

**SOBAN PASHA**

\_\_\_\_\_  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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