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JUN - 7 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Prestige Worldwide SRQ 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:
Ben Cannon Name of Person
Name of Person
Firm/Company
PO Βοχ 15650
SARASOTA, FL 34277 City/State and Zip Code got cannon o gnail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Ben Cannon at (941) 822 - 2866 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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:

BEN CANNON

Name

2277 Riverwood Ct

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

SARASOTA FL 34231

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:

•	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	MGR	BEN CANNON PO BOX 15650 SARASPTA, FL 34277
	MGRM	EDWARD KATZ Z75 EAST 75 St, APT PH NY, NY 10009
	(Use attachment if necessary)	
(If an		the of filing: $1 - JUN - 13$. (OPTIONAL) the specific and cannot be more than five business days
	DECLUDED CICKLETINE.	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

BEN CANNON

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)