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(Re	equestor's Name)	
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

OCT 1 6 2014 T. BROWN

COVER LETTER ,

į	TO:	Registration Section Division of Corporations		
	SUBJE	ECT: Prestige Commercial Property M Name of Li	anagement mited Liability Company	
	The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
	Please	return all correspondence concerning this n	natter to the following:	
		Nicholas	Guadagnino Name of Person	
			raine or raines.	
		Prestige Comn	nercial Property Management	
			Firm/Company	
			135 W. Pineview St Address	
			Address	
		Alta	monte Springs, FL 32714	
			City/State and Zip Code	
	_	Nick@	pgsouth.com ed for future annual report notifica	
		E-mail address: (to be use	ed for future annual report notifica	ition)
	For fur	ther information concerning this matter, ple	ease call:	
	<u>Nichol</u>	as Guadagnino at (Name of Person	407) 618 3475 Area Code Daytime Tel	ephone Number
	Enclose	ed is a check for the following amount:		
[□ \$125.0	00 Filing Fee \$\square\$ \$\square\$ \$\square\$ \$\square\$ \$\square\$ \$\square\$ Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address	Street/Courier Addr	ress
		Registration Section	Registration Section	
		Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	ions
		Tallahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

All Son State of the So ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Prestige Commercial Property Management 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: Principal Office Address: Mailing Address: 135 W. Pineview St 135 W Pineview St. Altamonte Springs, FL 32714 Altamonte Springs, FL 32714 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: Nicholas Guadagnino Name 135 W. Pineview St Florida street address (P.O. Box NOT acceptable) 32714 Atamonte Springs Zip City

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CØNTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	• • • • • • •
'MGR" = Manager	
MGR	Nicholas Guadagnino
	135 W. Pineview St
	Altamonte Springs, FL 32714
AMBR	Anthony Guadagnino
	135 W. Pineview St
	Altamonte Springs, FL 32714
AMBR	Blue Current Investment LLC
	1475 Shadowmoss Cir
	Lake Mary, FL 32746
V: Effective date, if other than the dative date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the dative date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
Use attachment if necessary) V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any.	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the dative date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)