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Pragmatic Property Investors, LLC

| <u></u> | |
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| () Amendment | () Merger |
| () Dissolution/Withdrawal | () Mark |
| () Reinstatement | |
| () Annual Report | () Other |
| () Name Registration | |
| () Fictitious Name | () UCC |
| | () CUS |
| () Photocopies | |
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| () Call If Problem | (x) Pick Up |
| () Will Wait | |
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| 6/15/2016 | Order#: |
| | 10051646 |
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| | Ref#: |
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COVER LETTER

| | legistration Section Pivision of Corporations | | | |
|-------------|--|----------------------------|--|---|
| SUBJECT | Pragmatic Property Investors, | LLC | | |
| SODJEC I | | ne of Limited Liabi | lity Company | |
| <i>:</i> | | | | |
| The enclos | sed Articles of Organization and | fee(s) are submitte | d for filing. | |
| Please retu | irn all correspondence concerning | g this matter to the | following: | |
| | Christine Oconnor | | | |
| | , | Name o | f Person | |
| | National Registererd Agents In | c | | , |
| | | Firm/C | ompany | |
| • | 900 Merchants Concourse Ste | 405 | | |
| | | Add | ress | |
| | Westbury, NY 11590 | | | |
| , | | City/State a | nd Zip Code | |
| | nandersen.acc@gmail.com | | | |
| • | E-mail address: (to | be used for future | annual report notification) | |
| For further | information concerning this matt | er, please call: | | |
| | christine oconnor | 888 at (| 579-0286 | |
| | Name of Person | Area Code | Daytime Telephone N | umber |
| Enclosed | is a check for the following amou | ınt: | | |
| • | Filing Fee \$130.00 Filing Certificate of S | Fee & \$155 tatus Certi | .00 Filing Fee & fied Copy nal copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed) |
| • | Mailing Address New Filing Section | | Street Address | |

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| (| Investors, LLC d with the words "Limite | d Liability Company. | "L.L.C" or "LLC.") | |
|--|--|--|---|------------------------------------|
| • | | · · | 2.2.0., 0. 220.) | • |
| RTICLE II - Address: | . 11 64 | 07 04 17 1-17 | | |
| he mailing address and street | address of the principal | office of the Limited L | Liability Company is: | |
| <u>Princi</u> | pal Office Address: | | Mailing Addres | <u>s</u> : |
| 610 Live Oak Stree | t | 610 L | ive Oak Street | |
| Maitland, FL 3275 | | | and, FL 32751 | |
| | · | | | |
| | NRAI Services, Inc | Name | | |
| | 1200 South Pine Is | sland Road | | |
| | Florida street addre | ess (P.O. Box <u>NOT</u> ac | ceptable) | |
| | Plantation, | Florida | 33324 | |
| | City | State | Zip | |
| | | | | |
| aving been named as registered ace designated in this certifica rther agree to comply with the n familiar with and accept the | te, I hereby accept the ap provisions of all statutes | ppointment as registered relating to the proper of | d agent and agree to act in and complete performance | this capacity. I of my duties, and |

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE

| Title: | | Name and Address: | |
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| "AMBR" = Auth | | | |
| "MGR" = Manag MGR | ger | Nones Audines | ., |
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