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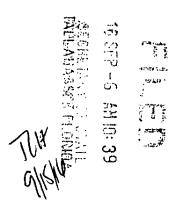
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OAC Property Ventures, 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:
Guy m. Shis Name of Person
Shir Low Group, P.A. Firm/Company
1800 N.W. Corporate Blud, Suite 200
Boca Raton FL 33432 City/State and Zip Code Chir & Shir Law Group. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Guy Shis at (561) 999-5999 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}}} \$\text{\$
Mailing Address New Filing Section New Filing Section

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: The name of the Limited Liability Company is:		
Must end with the words "Lim	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princip		
Principal Office Address:	: <u>Mailing Address</u> :	
23453 Torre Circ Buca Paron FL 33433	<u>le</u> <u>(Same)</u>	
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its of another business entity with an active Florida registr	s own Registered Agent. You must designate an individual or	
Florida street add Gara Pa City Having been named as registered agent and to accept splace designated in this certificate, I hereby accept the further agree to comply with the provisions of all statut	Law Group, P.A.	
	CONTINUED) Page 1 of 2 CONTINUED 16 SEP - 6 AH IO: 3	Production of the second of th

"AMBR" = Authorized Memb "MGR" = Manager	Name and Address:
MGR	Missie Fishbane 23453 Tome Circle Boen Raren PL. 33433
AMBR	Mortin Fishbane 23453 Tome Circle Beca Ram, 54 33433
(Use attachment if necessary)	
t e of filing.) If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be lis
cument's effective date on the D CLE VI: Other provisions, if any.	
cument's effective date on the D	To conduct business in the lander is any endeavor permissed under
CLE VI: Other provisions, if any. STOR REQUIRED SIGNATURE: Signature of the Discrete of the	epartment of State's records.
CLE VI: Other provisions, if any. STOR REQUIRED SIGNATURE: Signature of the Discrete of the	To conduct business in the length in any endeaver permissed under the of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. at any false information submitted in a document to the Department of State

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-