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Division of Corporations

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FLORIDA LIMITED LIABILITY CO.

Oaktree Holding One LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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SUBJECT:	Oaktree Ho	lding One LLC					
0,000		Name of L	imited I	Liability	Company	 	
The enclosed	d Articles of (Organization and fec(s)	are subn	nitted fo	r tīling.		
Please return	all correspo	ndence concerning this	natter to	the foll	owing;		
1	Utkarsh Patel	I					
-	·		Nai	me of Pe	rson		•
	Dhruv Manag	gement					
-			Fir	m/Comp	oany		
(6903 Congre	ss St					
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ì	New Port Ric	they, FL 34653					
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<u>u</u>		management.com	1.6.0		1		-
		-mail address: (to be use			uai report nom	ication)	
For further inf	ormation con	cerning this matter, plea	ise call:				
ι	jtkarsh Patel		813	١	951-0222		
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≣\$125.00 F	Filing Fee	□\$130.00 Filing Fee Certificate of Status	C	Certified	0 Filing Fee & Copy copy is enclosed	US160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is-ciclo	:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Oaktree Holding One LLC

(Must contain 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:

6903 Congress St

New Port Richey, FL 34653

6903 Congress St

New Port Richey, FL 34653

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.)

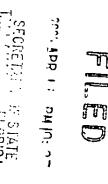
The name and the Florida street address of the registered agent are:

Vijay Patel		
	Name	
6903 Congress St		
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
New Port Richey	FL	34653
City	State	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 605. F.S..

No Registered Agent's Signature (REQUIRED)

(CONTINUED)



S 5.00 Certificate of Status (Optional)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Vijay Patel 6903 Congress St New Port Richey, FL 34653 (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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. Vijay Patel 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)