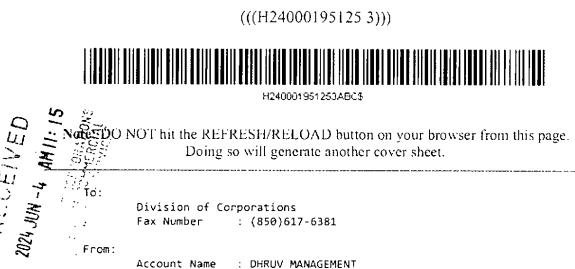
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000195125 3)))



Account Name : DHRUV MANAGEMENT Account Number : I20170000032 Phone : (813)951-0222 Fax Number : (727)499-2716

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Upatel@dnruvemanoement.com

FLORIDA LIMITED LIABILITY CO.

Prestige Property Holdings One LLC

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

From: Dhruv Management

Fax: 7274992716

		CO	VER LETT	ER			
	w Filing Sec vision of Co						
SUBJECT:	Prestige Pr	operty Holdings One LLC					
BOBILE 1.		Name of Lin	nited Liabilit	y Company			
The enclose	d Articles of	Organization and fcc(s) are	e submitted (or filing.			
Please return	n all correspo	ondence concerning this nu	tter to the fo	llowing:			
	Utkarsh Pate	·l					
-			Name of I	erson			
	Пітиу Мала	gement					
-	Firm/Company						
	6903 Congre	ess St					
-			Addre	SS .			
	New Port Ri	chey, FL 34653					
•			ity/State and	Zip Code			
u		management.com		<u> </u>			
	E	E-mail address; (to be used	for future an	nual report notificat	ion)		
For further inf	ormation cor	ncerning this matter, please	call:				
Ţ	jtkarsh Patel	81 at (3	951-0222			
_	Name	of Person Ar	ea Code	Daytime Telephon	e Number		
Enclosed is a	check for th	e following amount:					
≣\$125.00 F	iling Fee	□\$130,00 Filing Fee & Certificate of Status	Certifice	00 Filing Fee & I Copy copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address

New Filing Section
Division of Corporations

Street Address

New Filing Section Division The Centre of Tallahassee

Fax: 7274992716

ARTICLES OF ORGANIZATION FOR FLOR	IDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Prestige Property Holdings One LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
The hading dates and three address of the principal critice of	or the Emined English Configuraty is.
Principal Office Address:	Mailing Address:
6903 Congress St	6903 Congress St
New Port Richey, FL 34653	New Port Richey, FL 34653
	
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regis	
another business entity with an active Florida registration.)	Total Televisian Control of the Cont
The name and the Florida street address of the registered agen	t are:
Vijay Patel	
.Nan	20

6903 Congress St Florida street address (P.O. Box NOT acceptable) New Port Richey 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.,

Nijakalel
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Fax: 7274992716

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) ARTICLE V: Effective date, if other than the date of filing: ___. (OPTIONAL) (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: Vijalatel 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.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

Vijay Patel