

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SAXON GILMORE NON-TRUST FUNDS  
Account Number : I20180000023  
Phone : (813) 314-4551  
Fax Number : (813) 314-4555

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

Email Address: flcorp@saxongilmore.com

FLORIDA LIMITED LIABILITY CO.  
AHC CORRY FAMILY, LLC

Certificate of Status	1
Certified Copy	1
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J. FASON

OCT 22 2020

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AHC Corry Family, 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:c/o Area Housing Commissionc/o Area Housing Commission1920 West Garden Street1920 West Garden StreetPensacola, FL 32502Pensacola, FL 32502

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Bernice S. Saxon

Name

201 E. Kennedy Blvd., Suite 600Florida street address (P.O. Box **NOT** acceptable)Tampa

FL

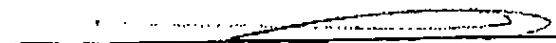
33602

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.

  
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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