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To:

Division of Corporations

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From:

Account Name

: BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.

Account Number: 076103002011_

Phone

: (305)577-4177

Fax Number

: (305)373-6036

LIMITED LIABILITY COMPANY

Summit Pointe Housing Associates, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

Fax Audit No. H01000109103 1

ARTICLES OF ORGANIZATION SUMMIT POINTE HOUSING ASSOCIATES, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I - Name

The name of the Limited Liability Company is: Summit Pointe Housing Associates, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

1006 Beckstrom Drive Oviedo, Florida 32765

ARTICLE III - Registered Agent/Office

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

Becky T. Edwards 1006 Beckstrom Drive Oviedo, Florida 32765 #

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 408,

The undersigned member has executed these October 2001. dicles of Organization this

., a Florida corporation

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) G: LIWBIBNG (Emities) Surmait Pointe Housing Associates, LLC Articles of Organization DOC