Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

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

Account Number : 076103002011

: (305)577-4177

Fax Number

: (305)373-6036.

LIMITED LIABILITY COMPANY

Collins Cove Housing Associates, LLC

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

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DIVISION OF CORPORATION

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Fax Audit No. H02000019145 0

ARTICLES OF ORGANIZATION OF COLLINS COVE 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: Collins Cove Housing Associates, LLC

ARTICLE H - Address .

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

1006 Beckstrom Drive Oviedo, Florida 32765

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ARTICLE III - Registered Agent/Office

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

CT Corporation System 1200 South Pine Island Drive Plantation, Florida 33324

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 608, F.S.

FETER F. SOUZA

The undersigned member has executed these Articles of Organization this 2 day of February 2002.

ENB DE

Namel Becky T. Edward

Title President

(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.)

ROUP, INC., a Florida corporation