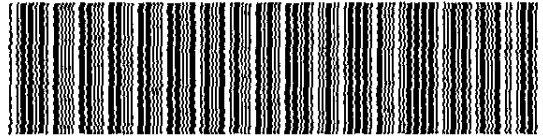


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03 JAN 22 PM 1:

SECRETARY OF STATE  
TALLAHASSEE, FLOR



500009940175

01/22/03--01082--005 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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03 JAN 22 PM 12:20  
STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

AL

CT CORPORATION SYSTEM

FILED  
03 JAN 22 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 22, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5772910 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

TOUSA SHARED SERVICES, LLC (FL)  
Formation  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at  
(850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton  
Sr. Fulfillment Specialist  
Jeff.Netherton@cch-lis.com

RECEIVED  
03 JAN 22 PM 12:17  
DIVISION OF CORPORATION

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

TOUSA SHARED SERVICES, LLC

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03 JAN 22 PM 1:51

**ARTICLE II - Address:**

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

4000 HOLLYWOOD BLVD., SUITE 500N, HOLLYWOOD, FL 33021

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT Corporation System  
Name  
c/o CT Corporation System, 1200 South Pine Island Road  
Florida street address (P.O. Box **NOT** acceptable)  
Plantation FL 33324  
City, State, and 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 608, F.S..*

CT Corporation System

**PETER F. SOUZA**  
Assistant Secretary

**Article IV - Management (Check box if applicable.)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article may be added if an effective date is requested)

*Patricia M. Petersen*  
Signature of a member or an authorized representative of a member.  
Patricia M. Petersen, VP of Technical Olympic USA, Inc, Member  
(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.)

\_\_\_\_\_  
Typed or printed name of signer

**FILING FEES:**

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)