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To:  
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Fax Number : (850)205-0383

From: **GAIL S. ANDRE**  
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407)843-4600  
Fax Number : (407)843-4444

**PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE.**

**LIMITED LIABILITY COMPANY**

**HESTER OAKS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION  
OF  
HESTER OAKS, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is Hester Oaks, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**


The mailing address and street address of the principal office of the Company is 242 N. Westmonte Drive, Altamonte Springs, Florida 32714.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 242 N. Westmonte Drive, Altamonte Springs, Florida 32714 and the name of the initial registered agent of the Company at that address is William S. Orosz, Jr.

**ARTICLE III - MANAGEMENT**

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

  
\_\_\_\_\_  
Signature of a Member or an Authorized  
Representative of a Member

William S. Orosz, Jr.  
\_\_\_\_\_  
Typed or Printed Name of Signer

**ACCEPTANCE OF REGISTERED AGENT**

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, Florida Statutes.

  
\_\_\_\_\_  
William S. Orosz, Jr.

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