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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

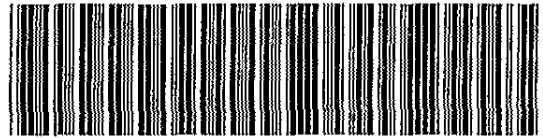
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DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

03 DEC 24 PM 5:39

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neighborhood Lending Partners of North Central Florida LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Herkalo

(Name of Person)

Neighborhood Housing & Development Corporation

(Firm/Company)

633 NW 8th Avenue

(Address)

Gainesville, FL 32601

(City/State and Zip Code)

For further information concerning this matter, please call:

David Herkalo

(Name of Person)

at (352) 380-9119

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Neighborhood Lending Partners of North Central Florida LLC

ARTICLE II - Address:

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

Principal Office Address:

633 NW 8th Avenue

Gainesville, FL 32601

Mailing Address:

633 NW 8th Avenue

Gainesville, FL 32601

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

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

David Herkalo

Name

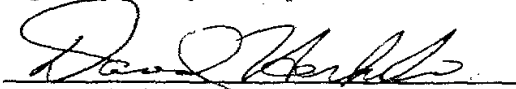
633 NW 8th Avenue

Florida street address (P.O. Box NOT acceptable)

Gainesville FLORIDA 32601

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, Florida Statutes.



Registered Agent's Signature

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03 DEC 24 PM 5:39
CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

David Herkalo

633 NW 8th Avenue

Gainesville, FL 32601

MGRM

Dr. Marc Smith

4230 NW 55th Way

Gainesville, FL 32606

MGRM

Robert Johnson

P.O. Box 358290

Gainesville, FL 32635-8290

MGRM

Andrew Wise

2918 NE 18th Way

Gainesville, FL 32607

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a 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.)

David Herkalo

Typed or printed name of signee

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)