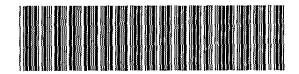
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SECRETARY OF STATE TALLARASSEE, FLORID,

TRANSMITTAL LETTER

04 MAR 22 PM 2: 20

Division of	Corporations			
SUBJECT:	Tallahassee Housing Professionals, LLC			
	(Name of Limited Liability Company)			
The enclosed Articles	of Organization and fec(s) are submitted for filing.			
	Please return all correspondence concerning this matter to the following:			
Claudette Cromartie				
	(Name of Person)			
Tallahassee Housing Authority				
	(Finn/Company)			
	2940 Grady Road			
	(Address)			
	(City/State and Zip Code)			
For further information	n concerning this matter, please call:			
Claudette Cromartie	at (850) 385.6126, ext. 304			
(Nat	ne of Person) (Area Code & Daytime Telephone Number)			

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

TO:

Registration Section

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

04 MAR 22 PM 2: 20

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tallahassee Housing Professionals, LLC	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2940 Grady Road	2940 Grady Road
Tallahassee, Florida 32312	Tallahassee, Florida 32312
The name and the Florida street address o	stered Office, & Registered Agent's Signature: f the registered agent are:
The name and the Florida street address o	stered Office, & Registered Agent's Signature: f the registered agent are: ette Cromartie
The name and the Florida street address o	stered Office, & Registered Agent's Signature: f the registered agent are: ette Cromartie Name
The name and the Florida street address o	stered Office, & Registered Agent's Signature: f the registered agent are: ette Cromartie
The name and the Florida street address o Claud 2940 Florida street address Ta	stered Office, & Registered Agent's Signature: f the registered agent are: ette Cromartie Name Grady Road

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

Page 1 of 2 (CONTINUED)

SECRETARY OF STATE AT TALLAHASSES, FLORIDA

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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	James R. Ford, Jr. 128 N. Bronough Street
	Tallahassee, Florida 32301
MGRM	Kim B. Williams
	215 E. Pershing Street
· · · · · · · · · · · · · · · · · · ·	Tallahassee, Florida 32301
MGRM	Benjamin Crump
	240 North Magnolia
·	Tallahassee, Florida 32301
MGRM	Darryl T. Gorham
	5354 Tewksberry Trace
	Tallahassee, Florida 32303
(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.)

Claudette Cromartie

Typed or printed name of signee

Filing Fces:

\$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)