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(Requestor's Name)	SECRETARY OF TALLAHASSEE.	TATE	
(Address)			30003580
(Address)			300033002
(City/State/Zip/Phone #			05/12/0401049
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TRANSMITTAL LETTER

FILED

SUBJECT: Faith in Boynton LL ESECRETARY OF STATE

(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 Zimet		
(Name of Person)		
Boyston Beach Fith Based CDC		
/ (Firm/Company)	_	
 PO Box 337		
(Address)		
Boynton Beach FL 33425		e.
(City/State and Zip Code)		

For further information concerning this matter, please call:

David Zimet	at (561, 752-0303
(Name of Person)	(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

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ARTICLES OF ORGANIZATION

2004 HAY 12 P 1: 19

FLORIDA LIMITED LIABILITY COMPANY

	GECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE I - Name:	William Francisco
The name of the Limited Liability Company is:	
Faith in Boynton 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:
2191 N. Seacrest Blud	PO Box 337
Boyston Beach, FL 33435	Boynton Beach, FC 33428
/	

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

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

Kenneth Dodge 1700 Palm Beach Lakes Blud Suite 1000
Florida street address (P.O. Box NOT acceptable)

West Palm Beach FLORIDA 3340/ City. State. and Zin

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..

Page 1 of 2 (CONTINUED)

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ARTICLE IV- Manager(s) or Manager and address of each Manager Title:	aging Member(s):	2004 MAY 12 P 1: 19	
ine name and address of each Manag	ger or Managing Member is as 101	SECRETARY OF STATE	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	TALLAHASSÉE, FLÖRÍÐA	
MGR	David Zinet		.
MGRM	Boynton Beach FL		(m. v.)
J_ 1 O 1 1 1	Po Box 337 Boynton Beach FC	Based Community Der.	-97
			, , , , _ = -
(Use attachment if necessary)			
NOTE: An additional article must	be added if an effective date is	requested.	
REQUIRED SIGNATURE:	×4		
Signature of a member or a	n-authorized representative of a mem	ber.	·
(In accordance with section of this document constitutes a that the facts stated herein and	608.408(3), Florida Statutes, the execution an affirmation under the penalties of pere e true.)	on	<u>.</u>
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)