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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	TIAW	MAIL.
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Nottingham Home Investors LLC (Name of Limited	d Liability Company)
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this matte	r to the following:
Edwin Carter Nottingham	Name of Person)
	Addit Of Eciatori
(1	Firm/Company)
1920 Euclid Street	
	(Address)
Jacksonville, Florida 32210 (City/	State and Zip Code)
For further information concerning this matter, please of	call:
Edwin Carter Nottingham (Name of Person)	at (904) 3842761 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□ \$125 00 Filing Fee □ \$130,00 Filing Fee & Certificate of Status	S155 00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section	MAILING ADDRESS: ΠΕΙ ΕΝΕΙΙΝΟ ΑΝΤΙΚΟ
Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

REPORT OF THE PROPERTY OF THE PROPERTY COMMENT		
ARTICLE I - Name: The name of the Limited Liability Compa	ny is:	
Nottingham Home Investors 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:	
1920 Euclid Street	1920 Euclid Street	
Jacksonville, Florida 32210	Jacksonville, Florida 32210	
ARTICLE III - Registered Agent, Regis		t's Signature:
Edwin Carter Nottingham	1	
	Name	
1920 Euclid Street		
	eet address (P.O. Box NOT acceptable)	
Jacksonville, Florida 322	10	
	State, and Zip	
Having been named as registered agent ar liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl accept the obligations of my position as	ed in this certificate, I hereby accept pacity. I further agree to comply wi ete performance of my duties, and I d	the appointment as th the provisions of all am familiar with and
Column Cas Registered A	tu Latteryddm agent's Signature	THED 2007 FEB 17 PH 3: 14 SECONTRIVE OF STATE SECONTRIVES SECONTRI
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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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Edwin Carter Nottingham	
	1920 Euclid Street	
	Jacksonville, Florida 32210	
MGRM	Jason Carter Nottingham	
	2813 Oak Street Apt.4	
	Jacksonville, Florida 32205	
(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 membe

(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.)

Edwin Carter Nottingham

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

2005 FEB 17 PM 3: 11
SECRETARY OF STATE