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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

## LIMITED LIABILITY COMPANY

St. Joseph Apartments LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **St. Joseph Apartments LLC**

ARTICLE II - Address

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

Principal Office Address:

2614 SW 31 Place

Gainesville, FL 32608

Mailing Address:

2614 SW 31 Place

Gainesville, FL 32608

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TALLAHASSEE, FLORIDA

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

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

Esmond Logan

Name

1218 Waterford Street SE

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Palm Bay, FL 32909

(City / State / 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, F.S.*

*Esmond Logan*  
Registered Agent's Signature - Esmond Logan

**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:**MGRMEsmond Logan- 1218 Waterford Street SE, Palm Bay, FL 32909\_

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

Esmond Logan  
 Signature of a member or 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. )

Esmond Logan

Typed or printed name of signee

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 HALL COUNTY, FLORIDA