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GRAY ROBINSON

407 442-5580

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Florida Department of State
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Picerne Halifax Housing, LLC

Certificate of Status	1
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J. GRAY NOV 15 2005

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PICERNE HALIFAX HOUSING, LLC**ARTICLE II - Address:**

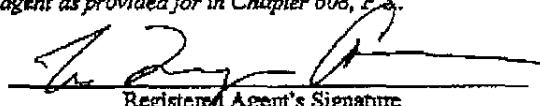
The mailing address and street address of the principal office of the Limited Liability Company is:

247 N. Westmonte Drive
Altamonte Springs, FL 32714**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

W. Terry Costolo, Esquire
GrayRobinson, P.A.
301 East Pine Street, Suite 1400
Orlando, Florida 32801

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.


Registered Agent's Signature**Article IV - Management (Check box if applicable.)**

: The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

Robert M. Picerne

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)

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