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To:

Division of Corporations

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

ELORIDA/FOREIGN LIMITED LIABILITY CO.

Huntington at Sundance GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

RETICLES OF ORGANIZA	ATION FOR PLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Lish	ility Company is:
Fluntington at Sundance GP, LLC	•
	office Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	•
	t address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
·	1
11200 Rockville Pike, Suite 502 Rockville, MD 20852	11200 Roskville Files, Suite 502 Rockville, MD 20852
100011111111111111111111111111111111111	SOME AND STATES
	C T Corporation System Name
	1200 South Pine Island Road
i	Florida street address (P.O. Box NOT acceptable)
	Plantation, Florida 33334
	City, Statu, and Zip
liability company at the pla registered agent and agree to statutes relating to the prope	ered agent and to accept service of process for the above stated limited ace designated in this certificate. I hereby accept the appointment as act in this capacity. I further agree to comply with the provisions of all rand complete performance of my duties, and I am familiar with and sy position as registered agent as provided for in Chapter 608, F.S
	CT Coxporation System
	Vous A Pople
	71 NACACA (AC 19 22 19 AC)
	tured Appria Signature (REQUIRED)
	Special Assistant Secretary

(CONTINUED)
Page 1 of 2

70,002 - 900 Mil GT System Deline

8528785926

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	Name and Address:
"MGRM" = Managing Men	nber
MGR	Hamington at Sundance Manager, Inc.
	11200 Rockville Pike, Suite 502
	Rockville, MD 20852
•	
	
(Use attachment if necessary	r)
ARTICLE V: Effective date, if other (if an effective date is listed, the date or 90 days after the date of filling	r than the date of filing: upon filing (OPTIONAL) to must be specific and cannot be more than five business days prior ()
<u>reoutred</u> signaturi	₫: :
Day	1 Stoken
Signature o	if a mamber or an authorized representative of a member.
ວ.ໂ ປີຢູ່ຮ ດ້ວເມ	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the paralliles of perjury sets stated ketsin are true.)
Danyi M.	Edulatein, authorized representativo
	Typed or printed turne of signes

· Filipe Flore

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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