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Account Name : COURT ACCESS CENTERS OF AMERICA  
Account Number : 075350000541  
Phone : (813)875-1333  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**National Housing Assistance Program, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

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**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**National Housing Assistance Program, LLC**

The mailing address and street address of the Limited Liability Company are :

**PO Box 8593  
Tampa, FL 33674**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**4350 W Kennedy Blvd., #23  
Tampa, FL 33609**

and the name of its registered agent at such address is:

**Norman L. Bailey**

**ARTICLE VI**  
**Management**

This Limited Liability Company shall have Two Manager(s) or Managing Member(s).  
The name and address of Manager(s) or Managing Member(s) are:

**Name and Address**

**Norman L. Bailey, Managing Member  
PO Box 8593  
Tampa, FL 33674**

**Mark J. Tourinho, Managing Member  
PO Box 8593  
Tampa, FL 33674**

Dated: Tuesday, April 04, 2006

  
Norman L. Bailey

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ACCEPTANCE BY REGISTERED AGENT

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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.

OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA

Date: April 4, 2006

  
Norman L. Bailey

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