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Florida Department of State
Division of Corporations
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Hood

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

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002338
Phone : (305)599-0839
Fax Number : (305)716-0346

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

HANNITY HOMES, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
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N. Galligan JUL 24 2006

July 21, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FAS-T

SUBJECT: HANNITY HOMES, LLC
REF: W06000032356

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Titles are MGR for Manager or MGRM for Managing Member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: H06000184744
Letter Number: 106A00046585

ARTICLES OF ORGINIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:
The name of the Limited Liability Company is:

HANNITY HOMES., LLC.

ARTICLE II – Address:
The mailing address and street address of the principle office of the Limited Liability Company is:

Principle Office Address:	Mailing Address:
1028 E SILVER SPRINGS BLVD	1028 E. Silver Springs Blvd
Ocala, Fl. 34470	Ocala, Fl. 34470

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TALLAHASSEE, FLORIDA

ARTICLE III – Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Steve Foster
Name
1028 E. Silver Springs Blvd
Florida street address (P.O. Box NOT acceptable)
Ocala, Fl. 34470
City, State, and Zip

Having been named as registered agent and to accept service of process for 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, Florida Statutes.

Registered Agent's Signature

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:
MGRM	Steve Foster 1026 E. Silver Springs Blvd Ocala, Fl. 34470
MGR	Kevin Adams 5843 Pecan Rd Ocala, Fl. 34472
MGRM	Charles Duncan 821 SW Dalton Ave Port St Lucie, Fl. 34953

(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 member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

Steve Foster
Typed or printed name of signee

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