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SEGAE JARY OF STAIL TALLYAHASSEE, FLORIDA 06000 TILED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leroy Hunter (Name of Person)
Northwest Homebuyers, L.L.C. FEB &
4480 Westover Drive SSN 5
Tallahassce Florida 32303 Since (City/State and Zip Code)
For further information concerning this matter, please call:
Lerry Hunter at (850) 656-4498 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee} & Certificate of Status \$\times \text{Certified Copy} \\ (additional copy is enclosed) \$\text{\$160.00 Filing Fee}, \\ Certified Copy} \\ (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Morthwest Homebu (Must end with the words "Limited Liability Company, "Limited	Vers. // C Kompany" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14480 Westover Drive Tallahassre Floring 32303	Same's Sa
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Leray Hunter	<u>e</u>
4480 West Florida street addr	ess (P.O. Box NOT acceptable)
Tallahassee	FL 32303

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 Agont's Signature (REQUIRED)

City, State, and Zip

(CONTINUED) Page 1 of 2

(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: October 16, 2006. (OPTIONAL) f an effective date is listed, the date must be specific and cannot be more than five business days pror 90 days after the date of filing.) REQUIRED SIGNATURE: Compared to the date of signature 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.) Typed or printed name of signee	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
RTICLE V: Effective date, if other than the date of filing: October 16, 2006. (OPTIONAL) fan effective date is listed, the date must be specific and cannot be more than five business days pror 90 days after the date of filing.) 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 the penalties of perjury that the facts stated herein are true.)	Manager	Leray Hunter 4480 Westover Drive Tallahassee Florion 32303
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/ Lyned or printed name of stance	L	now Hunter

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