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(City/State/Zip/Phone #)

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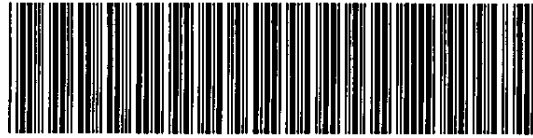
Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 DEC -5 P 3:05

FILED

The Law Office Of
Kristi M.
Odom, P.A.
ATTORNEY AT LAW

*KRISTI M. ODOM
*ALSO ADMITTED IN ALABAMA

1314 JACKSON AVENUE
CHIPLEY, FLORIDA 32428
(850) 638-7587
FAX (850) 638-3409

TO: Registration Section
Division of Corporations

SUBJECT: Homestead @ Rainbow's End

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

The Law Office of Kristi M. Odom, P.A.
Post Office Box 1129
Chipley, Florida 32428

For further information concerning this matter, please call:

at (850) 638-7587

Enclosed is a check for the following amount: \$125.00 Filing Fee

2006 DEC -5 P 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2006

THE LAW OFFICE OF KRISTI M. ODOM, P.A.
1314 JACKSON AVE.
CHIPLEY, FL 32428

SUBJECT: HOMESTEAD @ RAINBOW'S END
Ref. Number: W06000047842

2006 DEC -5 P 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for HOMESTEAD @ RAINBOW'S END and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 806A00064627



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2006

THE LAW OFFICE OF KRISTI M. ODOM, P.A.
1314 JACKSON AVE.
CHIPLEY, FL 32428

SUBJECT: HOMESTEAD @ RAINBOW'S END
Ref. Number: W06000047842

2006 DEC -5 P 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for HOMESTEAD @ RAINBOW'S END. However, the document has not been filed and is being returned for the following:

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 506A00065579

**ARTICLES OF ORGANIZATION
OF
HOMESTEAD @ RAINBOW'S END, LLC**

ARTICLE I - NAME

The name of the limited liability company is Homestead @ Rainbow's End, LLC

ARTICLE II - ADDRESS

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

Principal Office Address:

4694 Webb Way
Chipley, Florida 32428

Mailing Address:

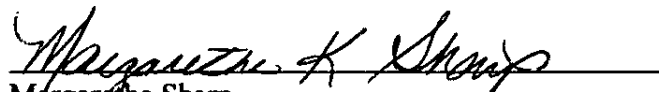
4694 Webb Way
Chipley, Florida 32428

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Margarethe Sharp
4694 Webb Way
Chipley, Florida 32428

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..


Margarethe Sharp

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Stephen Sharp
4694 Webb Way
Chipley, Florida 32428

MGMR

Margarethe Sharp
4694 Webb Way
Chipley, Florida 32428

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TALLAHASSEE, FLORIDA

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.)

Margarethe Sharp

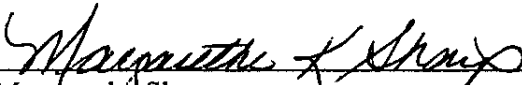
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY Homestead @ Rainbow's End, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is Homestead @ Rainbow's End, LLC
2. The name and the Florida street address of the registered agent and office are:
Margarethe Sharp
4694 Webb Way,
Chipley, Florida 32428
(Post office box is NOT acceptable.)

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, Florida Statutes.



Margarethe Sharp
Registered Agent

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE