

L08000008937

Karen Rubin

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL SAINTS SQUARE WORKFORCE HOUSING, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

241 E. VIRGINIA ST.
TALLAHASSEE, FL 32301

Mailing Address:

241 E. VIRGINIA ST.
TALLAHASSEE, FL 32301

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DAN WINCHESTER

Name

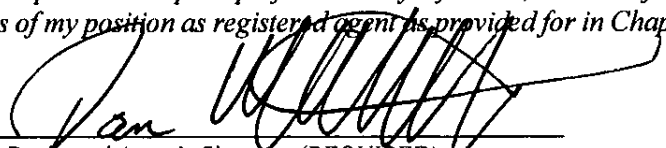
241 E. VIRGINIA STREET

Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE, FL 32301

City, State, and Zip

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 Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

(CONTINUED)

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

managing (mgrm)
member

manager (mgr)

manager (mgr)

Name and Address:

DAN WINCHESTER
241 E. VIRGINIA ST.
TALLAHASSEE, FL 32301

JENNINGS KNOX
625 W. GAINES ST.
TALLAHASSEE, FL 32304

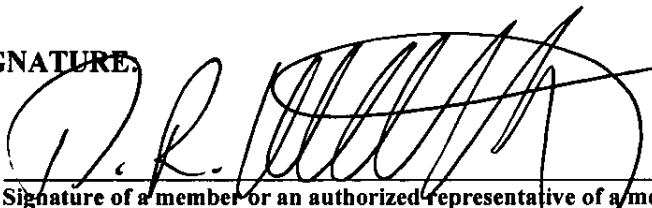
THOMAS R. JORDAN
0104 325 JOHN KNOX RD.
TALLAHASSEE, FL 32301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1.25.08 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 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.)

DANIEL R. WINCHESTER
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)