

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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Phone : (850)222-1092

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LORIDA/FOREIGN LIMITED LIABILITY CO.

02H Development, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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APR 1 1 2008



4/10/2008

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(3	dust and with the words "Limited i	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	. Ald monor		
		e principal office of the Limited Liability	/ Company
,			
Principal Office	Address:	Mailing Address:	
6998 Piazza Grande .	Avanus	6996 Plazza Grande Avenue	
Suite 311		Sulte 311	
Orlando, Fl. 32835		Orlando, FL. 92835	
ARTICLE III - I	Registered Agent, Registe	ered Office, & Registered Agent's Sign	atorca
(The Limited Liability business entity with a	Company cannot serve as its own I a active Florida registration.) c Florida street address of 1	ered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or the registered agent are:	atoreo APR 10
(The Limited Liability business entity with a	Company cannot serve as its own in a active Florida registration.) Plorida street address of the Cherie Green Brown	Registered Agent. You must designate an individual or	APR IO
(The Limited Liability business entity with a	Company cannot serve as its own in a active Florida registration.) Plorida street address of the Cherie Green Brown	Registered Agent. You must designate an individual or the registered agent are:	APR 10 AM 10:
(The Limited Liability business entity with a	Company cannot serve as its own in active Florida registration.) Cherie Greer Brown N 6996 Piazza Grande	Registered Agent. You must designate an individual or the registered agent are:	APR IO
(The Limited Liability business entity with a	Company cannot serve as its own in active Florida registration.) Cherie Greer Brown N 6996 Piazza Grande	Registered Agent. You must designate an individual or the registered agent are: ame Avenue, Suite 311	APR 10 AM 10:

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)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Grant Hill 6996 Plazza Grande Avanua, Suite 311 Orlando, FL. 32835 (Use attachment if necessary)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing:

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and caunot be more than five business days prior

. (OPTIONAL)

(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.)

Cherie Greer Brown, Authorized Representative Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)