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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J & I Homes & Avantagets LLC (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:
JAMIS E Spink Jr. (Name of Person)
JAME E Skink Jr ASS & T
(Firm/Company)
2+1+ Ju Midral 92 8 9 11
(Aldress)
Mi Hen (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
JAME E Spink In # 850, 994 3902
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\begin{array}{c} \text{\$\frac{1}{2}}\$130.00 Filing Fee & \$\text{\$\frac{1}{2}}\$\$\$ \$\text{\$\frac{1}{2}}\$\$\$\$ \$\text{\$\frac{1}{2}}\$\$\$\$ \$\text{\$\frac{1}{2}}\$\$\$\$ \$\text{\$\frac{1}{2}}\$\$\$\$ \$\text{\$\frac{1}{2}}\$\$\$\$ \$\text{\$\frac{1}{2}}\$\$\$\$ \$\text{\$\frac{1}{2}}\$\$\$\$ \$\text{\$\frac{1}{2}}\$\$\$\$ \$\text{\$\frac{1}{2}}\$\$\$\$ \$\text{\$\frac{1}{2}}\$\$\$\$\$ \$\text{\$\frac{1}{2}}\$\$\$\$\$ \$\text{\$\frac{1}{2}}\$\$\$\$\$\$ \$\text{\$\frac{1}{2}}\$
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Conrier Address Registration Section Division of Corporations Division of Corporations Clifton Building 2661 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:

T+ T Hanea + Apartment 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: T+14 SpnMysvl for Mailing Address:
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: Agent
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

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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:
	James E Joint Jr. THIP JAN MENT JOHN MONTH
	ZION JUL 18 P 2 SECRETARY OF ST ALLAHASSEE. FLO
 	P 2:28 FLOREDA
(Use attachment if necessary) RTICLE V: Effective date, if other than the of an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: 6/2 > 8 . (OPTIONAL) especific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(In accordance with second of this document constitution that the facts stated here.)	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)

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)