

Division of Corporations

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TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Hope 4-JAF, LLC

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**ARTICLES OF ORGANIZATION
OF
HOPE 4-JAF, LLC**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is: **Hope 4-JAF, LLC.**

2. ADDRESS.

The mailing address for the Limited Liability Company is 6981 County Road 219, Wildwood, Florida 34785; and the street address of the principal office in Florida for the Limited Liability Company is: 6981 County Road 219, Wildwood, Florida 34785.

3. PERIOD OF DURATION.

The period of duration of the Limited Liability Company shall be perpetual, unless the Limited Liability Company is dissolved pursuant to provisions of the Florida Limited Liability Company Act, the Articles of Organization of the Limited Liability Company, or the Operating Agreement of the Limited Liability Company.

4. PURPOSE.

The purpose for which the Limited Liability Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Limited Liability Company shall have all of the powers vested in a Limited Liability Company organized and existing by virtue of such laws.

5. REGISTERED AGENT.

The name and address of the initial registered agent in Florida for the Limited Liability Company is: Joseph A. Foster, 6981 County Road 219, Wildwood, Florida 34785.

6. ADDITIONAL MEMBERS.

Additional members may be admitted upon a simple majority vote of the then existing members.

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7. MANAGEMENT.

The Limited Liability Company is to be managed by the member.

8. EFFECTIVE DATE.

The effective date of the Limited Liability Company is the date of filing of these Articles of Organization.

Executed at The Villages, Florida, on the 1st day of October, 2008.

Joseph A. Foster and Hilda A. Foster,
Husband and Wife, Member

Joseph A. Foster
Joseph A. Foster

Hilda A. Foster
Hilda A. Foster

STATE OF FLORIDA
COUNTY OF SUMTER

The foregoing Articles of Organization was acknowledged before me this 1st day of October, 2008, by Joseph A. Foster and Hilda A. Foster, who are _____ personally known to me or _____ produced FL. Drivers Licenses as identification.

Vivian M. Grecco
NOTARY PUBLIC - STATE OF FLORIDA
(Signature of Notary Public)

Vivian M. Grecco

(Print Name of Notary Public)

DD 648398
(Serial/Commission Number)

[SEAL]



VIVIAN M. GRECCO
MY COMMISSION # DD 648398
EXPIRES: June 30, 2011
Bonded Thru Budget Notary Services

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ACCEPTANCE BY REGISTERED 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 these Articles of Organization, 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Joseph A. Foster, Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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