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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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B. KOHR

OCT 21 2008

EXAMINER

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ALLWHASSEE FIORINA



ACCOUNT NO. : 072100000032
REFERENCE: 763798 7650605
AUTHORIZATION: Smillsleng 1 2 2 2
COST LIMIT: \$/125.00
REFERENCE: 763798 7650605 AUTHORIZATION: COST LIMIT: \$125.00 ORDER DATE: October 20, 2008
ORDER TIME : 9:34 AM
ORDER NO. : 763798-005
CUSTOMER NO: 7650605
DOMESTIC FILING
NAME: ECH MANUFACTURED HOMES LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Joyce Markley - EXT. 2930
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	OCT C
ECH Manufacture.	
(Must end with the words "Limited Linbility	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printer.	ncipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
4700 leth Street South Arlington, VA 22204	4700 6th Street South Arlington, VA 22204
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
Corporation Service Con	npany
1201 Hays Street	
	ess (P.O. Box <u>NOT</u> acceptable)
Tallahassee	FL 32301
City, State, ar	nd Zip.
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and leved agent as provided for in Chapter 608, F.S
Corporation Service Co	•
BY: /s/ JOYCE M	* *
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)
Page 1 of 2

Title:		Name and Address:
'MGR" = Mana		
'MGRM" = Mai	naging Member	
MGRM		Steven F. Schroeder
1, 6, 1, 1		Steven F. Schroeder 4700 leth Street South
		Arlunton, UA 22204
14 / 20 04		-
MGRM		bearge L. Guerra
		4914 W. Bay Way
		Tampa, + 1 33627
		
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Use attachment	if necessary)	
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EV: Effective fective date is li- days after the d	date, if other than the sted, the date must be late of filing.) GNATURE: Signature of a member (In accordance with see	e specific and cannot be more than five business or or an authorized representative of a member.
LEV: Effective fective date is lis	date, if other than the sted, the date must be late of filing.) GNATURE: Signature of a member (In accordance with see	e specific and cannot be more than five business of a new authorized representative of a member.
LE V: Effective fective date is li- days after the d	date, if other than the sted, the date must be late of filing.) GNATURE: Signature of a member of this document constitution of the steam of this document constitution.	e specific and cannot be more than five business of a new authorized representative of a member.

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent:
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)