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| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only





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M. THOMAS

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EXAMINER

COVER LETTER

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|------|--------------|-------------------------|---|-----------------|--|------------|--|---------|--------------|
| · su | вјест: _ | · | SOUTHERN HOM (Name of I | | LTY LLC ility Company) | | | _ | |
| The | e enclosed A | Articles of | Organization and fee(s |) are submitt | ed for filing. | | | | |
| Ple | ase return a | ll correspo | ondence concerning this | matter to th | e following: | | | | |
| | | | Walter L. Spa | | of Person) | | | | |
| | | | | (Name (| oi Person) | | | | |
| | | | | (Firm/C | ompany) | | · · · · · · · · · · · · · · · · · · · | | |
| | | | 855 Hwy 29 S c | uth | | | | | |
| | | - | | (Add | iress) | | | ଶ | |
| • | | | Cantonment, | Florida | 32533 | | : | SEC | FILE PAINTE |
| | | | | (City/State a | nd Zip Code) | | | - Ed | 7 4 |
| For | further info | rmation c | oncerning this matter, p | lease call: | | | | SA GA | 聖 |
| • | rk. | | | | • | | | چ پر | |
| | Walter | | " Sparshott | at (| 850 968 | | | 393-03 | THE CONTRACT |
| | | (Name (| of Person) | | (Area Code & Daytim | ie Leiepno | ne Number) | | |
| Enc | losed is a | check for | the following amoun | t: | | 1.222 | | | |
| | | | \$130.00 Filing Fee Certificate of Status | & □\$15 s Ce | 5.00 Filing Fee & rtified Copy litional copy is enclose | d) Co | 60.00 Filing I ertificate of Startified Copy Editional copy is a | atus & | |
| | | | Mailing Address Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314 | | Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323 | ations | e | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | is: |
|--|---|
| SOUTHERN HOMES REAL (Must end with the words "Limited Lie | LTY LLC ability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 855 Hwy 29 South | 855 Hwy 29 South 35 7 |
| Cantonment, FL 32533 | Cantonment, FL 32533 |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the | A DATE OF |
| Walter L. Spa | arshott |
| Nan | ne |
| 855 Hwy 29 Sc | outh |
| Florida street a | address (P.O. Box NOT acceptable) |
| Cantonment | FL 32533 |
| City, State | *** |
| Wester Leaves and a second second second second | and the state of the state of the state of |

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: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|--|
| MERM | WAITER L. Sparsholf 855 Hwy 295 Cantument FL 32533 |
| | |
| | |
| (Use attachment if necessary) | T IM III: 18 |
| | the date of filing: <u>O//O//2009</u> (OPTIONAL) set be specific and cannot be more than five business days prior |

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.)

WALTER L SPARSHOTT

Typed or printed name of signee

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)