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(Re	equestor's Name)		
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(Ac	ldress)		
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D. BRUCE

AUG 3-1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AUHA PROFERTY MANAGENAME OF Limited Liability Company	MENT, LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person HOHA PROVERTY MANA Firm/Company	EMENT, LLC
3500 AlOHA DIC.	
SAKASON FLA 3423	2
City/State and Zip Code	20 a
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	ASS
Name of Person at (941), 776 Area Code & Daytime Telep	phone Number See 2
Enclosed is a check for the following amount:	D říš S
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Corporations	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lin	nited Liability Company is:			
		MANAGMENT	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 Ac	ldress:	Mailing Address:		

ARTICLE I - Name:

3500 Alotta DIE.	3500 A10HA DIE
SALASOTA, FL 34232	SALASOTA FLA 39232
ARTICLE III - Registered Agent, Registered	d 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:

Florida street address (P.O. Box NOT acceptable)

City, State, and Zip

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

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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 Typed or printed name of signee

Filing Fees:

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

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

The name and address of each Manager or Managing Member is as follows:

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