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T. CLINE
DEC 17-2010
EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations	
UBJECT: RJHOF 15 – PCMH Teller L.L.C.	
Name of Limited Liability Company	
the enclosed Articles of Organization and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
William K. Budd	
Name of Person	
Raymond James Tax Credit Funds, Inc.	
Firm/Company	
880 Carillon Parkway, Dept. 05485	
Address	
Saint Petersburg, FL 33716	
City/State and Zip Code	
bill.budd@raymondjames.com E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Villiam K. Budd	
Name of Person Name of Person Area Code & Daytime Telephone Number Inclosed is a check for the following amount:	
	772.3
(n)	MKF AT
25.00 Filing Fee \$\bigs\tag{\frac{1}{2}}\$130.00 Filing Fee \$\bigs\tag{\frac{1}{2}}\$\$ \$155.00 Filing Fee \$\bigs\tag{\frac{1}{2}}\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	and and
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RJHOF 15 - PCMH Teller L.L.C.

(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:	Mailing Address:	
880 Carillon Parkway	880 Carillon Parkway	
Dept. 05485	Dept. 05485	-
St. Petersburg, FL 33716	St. Petersburg, FL 33716	-

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:

Raymond James Tax Credit Funds, Inc. Name 880 Carillon Parkway, Dept. 05485 Florida street address (P.O. Box NOT acceptable) St. Petersburg FL 33716

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)
Steven J Kropf, Executive Vice President
(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Raymond James Housing Opportunities Fund 15 L.L.C. 880 Carillon Parkway, Dept. 05485
	St. Petersburg, FL 33716
•	
· .	
•	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the control of the date is listed, the date must to or 90 days after the date of filing.)	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	\sim Λ
Signature of a mom	ober or an authorized representative of a member.
-	608.408(3), F)orida Statutes, the execution of this document
constitutes an affirmation un I am aware that any false info	der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
Steven J. Kropf, Executive as Managing Member of Ra	Vice President of Raymond James Tax Credits Funds, Inc. Typed or Brings Housing Opportunities Fund 15 17 .C.
Filing Fees:	SS CO MUNICIPALITY CO.
\$125.00 Filing Fee for Articles of Or of Registered Agent	ganization and Designation
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	nal)