

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: GAIL S ANDRE  
Account Name : LOWMDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
HANOVER HAMMOCK TRAILS II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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EXAMINER

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**ARTICLES OF ORGANIZATION  
OF  
HANOVER HAMMOCK TRAILS II, LLC**

**ARTICLE I NAME**

The name of this limited liability company is HANOVER HAMMOCK TRAILS II, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 911 Outer Road, Orlando, Florida 32814.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 911 Outer Road, Orlando, Florida 32814 and the name of the initial registered agent of the Company at that address is William S Orosz, Jr.

**ARTICLE IV MANAGEMENT**

The Company will be managed by one or more members and is, therefore, a member-managed limited liability company.

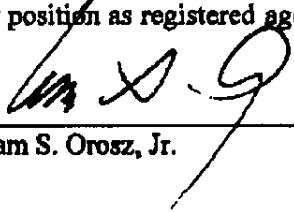
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\_\_\_\_\_  
William S. Orosz, Jr., Member or Authorized Representative of a Member

**ACCEPTANCE OF 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 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, Florida Statutes.

  
\_\_\_\_\_  
William S. Orosz, Jr.