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To:

Division of Corporations Fax Number : (850)617-6383

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

PLEASE ARRANGE FILLEG OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTFILCATION TO ME AS SOON AS FOSISELE. THANK YOU.

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11. DEC FLORIDA LIMITED LIABILITY CO. HANOVER HAMMOCK TRAILS II, LLC F AM 11:02 പണ RECEIVED Certificate of Status Ø PM 2:27 Certified Copy 1 01 TI DEC 14 Page Count \$155.00 stimated Charge SECRE 1 G. MCLEOD

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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, Orlande, Florida 32814.

ARJ ICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street at dress of the initial registered office of the Company is 911 Outer Road, Orlando, Florida 32314 and the name of the initial registered agent of the Company at that address is William S Orosz, Jr.

ARTICLE IV MANACHMENT

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

William S. Orosz, Jr., Member of 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 : latutes 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.