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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:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
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Phone : (407) 423-3200
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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
MY HOUSING AUTHORITY, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

MY HOUSING AUTHORITY, LLC

ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is as follows:

4027 West First Street
Sanford, Florida 32771

**ARTICLE III - Registered Agent and Office and
Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Corporation Company of Orlando
300 South Orange Avenue
Suite 1000 (EJF)
Orlando, Florida 32801

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.

CORPORATION COMPANY OF ORLANDO

By: 
(Registered Agent's Signature)

Gregory Humphries, Vice President


Signature of a member or an authorized representative of a member.
Stephanie Fernandez, Member

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(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.)