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NAME:

K. HOVNANIAN RIVERSIDE, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|--|---|---|
| The name of the Limited Liability Company is: | | |
| | | |
| K. Hovnanian Riverside, LLC | | |
| (Must end with the words "Limited Liability | ty Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | 2013 |
| The mailing address and street address of the pri | ncinal office of the Limited Lightlity Co | co Circum |
| The maring address and succe address of the pre | no par office of the Enfined Enabling Co | mpany is: |
| Principal Office Address: | Mailing Address: | 10 m |
| | | MAC W |
| 5439 Beaumont Center Bivd | 110 West Front Street | |
| Suite 1010 | Red Bank, NJ 07701 | 31 |
| Tampa, FL 33634 | | - C - S - S - S - S - S - S - S - S - S |
| | | - Fig. 7 |
| ARTICLE III - Registered Agent, Registered | Office, & Registered Agent's Signatur | re: |
| (The Limited Linbility Company cannot serve as its own Registe business entity with an active Florida registration.) | | |
| | | |
| The name and the Florida street address of the re | gistered agent are: | |
| Corporation Service Company | | |
| Name | | |
| · 1201 Hays Street | | |
| Florida street addr | ress (P.O. Box NOT acceptable) | |
| Tallahassee | 32301 | |
| | FL S2001 | |

Having been named us 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.

Kegistered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof 2

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

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

| MGRM | Hovnanian Developments of Florida, Inc. | |
|--|---|------------------------|
| | 110 West Front Street | |
| | Red Bank, NJ 07701 | |
| | | GECFE III |
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| (Use attachment if necessary) | | |
| (Ose attachment it necessary) | | |
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REQUIRED SIGNATURE:

Signature of a member on 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael Discafani - Authorized Representative

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)