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12/11/13

NAME:

K. HOVNANIAN BELMONT RESERVE, LLC

TYPE OF FILING: ARTICLES

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160.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the l.	me; imited Liability Comp	pany is:	•
K. Hovnanlan Belmont	Reserve, LLC		
(M	ust end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac		of the principal office of the Limited Lia	ability Company is:
Principal Office /	Address:	Mailing Address:	
110 West Front Street		110 West Front St	
Red Bank, NJ 07701		Red Bank, NJ 07701	
(The Limited Liability Co		gistered Office, & Registered Agent's wn Registered Agent. You must designate an individ	
The name and the	Florida street address	of the registered agent are:	7.55 201
	Corporation Service Com	pany	
		Name	2013 DEC 11 SECRETARY FALLARYSSE
	1201 Hays Street		治会一下
	Florida s	street address (P.O. Box NOT acceptable)	
	Tallahassee	_{FL} 32301	5 5
	,	City, State, and Zip	NTE RIDA

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)

Vickie Sloan for Corporation Service Company

(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:

MGRM	Hovnanian Developments of Florida, Inc.
	110 West Front St
,	Red Dank, NJ 07701
	Name and the state of the state
(Use attachment if necessary)	
EV: Effective date if other tha	on the date of filing: (OPTIONA
Fastive data is listed the data	must be specific and cannot be more than five business

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.908(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 follows 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)