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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694 : (305)633-9696

Fax Number

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

Email Address:

RECEIVED

FLORIDA LIMITED LIABILITY CO. AFFORDABLE HOUSING 091-100, LLC

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$125.00

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T. BROWN

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EMPIRE CORP

12/30/2013

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ARTICLES OF ORGANIZATION FOR F	LORIDA ENVITED LABILITY C	
ARTICLE I - Name:		For To
The name of the Limited Liability Company is	S :	TILE 13 DEC 30
		W P
AFFORDABLE MOUSING	091-100, LLC	SSE I
(Must end with the words "Limited Liu		一份的是口
A TROUT COLUMN A L. I.		50 00
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability (Commanus I
The mailing address and street address of the	principal office of the Emmed Diagramy	Joinpan)
Principal Office Address:	Mailing Address:	
2120 CORPORATE SQUARE BLVD	PO BOX 19888	EFFECTIVE DATE
SUITE #30	JACKSONVILLE, FL 32245	1-2-14
JACKSONVILLE, FL 32216		-
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registration.)		
The name and the Florida street address of the	e registered agent are:	
William G	. BOATRIGHT	
Nan		
2120 CORPORATE	SQUARE BL SUITE #30	
Plorida street s	address (P.O. Box NOT acceptable)	

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 vertificate, 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.,

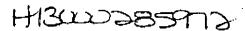
City, State, and Zip

JACKSONVILLE,

(CONTINUED)

Page 1 of 2

EMPIRE CORP



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

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

<u>Iitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	WILLIAM G. BOATRIGHT PO BOX 19888 JACKSONVILLE, FL 32245
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

ARTICLE V: Effective date, if other than the date of filing: <u>JANUARY 2, 2014</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

(Use attachment if necessary)

Signature of a member of 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.)

WILLIAM C. BOATRIGHT
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)

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