Page Loft

1/

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002858343)))



H130002858343ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

EFFECTIVE DATE 01-02-14

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696

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

Email Address:__

13 DEC 30 AH 9: 00 SECRETARY OF STATE.

FLORIDA LIMITED LIABILITY CO. AFFORDABLE HOUSING 051-060, LLC

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

W2851

BUEL 30 ALL 8: 55

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

DEC 3 1 2013

FXAMIN12/30/2013

sand Toolies and Service of the Serv

EMPIRE CORP

3696889998

pp:i0 E10Z/0E/ZI



Hiswopesesy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
AFFORDABLE ROUS (Must end with the words "Limited Liability	TNG 051-060, LLC	- 	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability	Company is:	
Principal Office Address:	Mailing Address:		
2120 CORPORATE SQUARE BLVD SUITE #30 JACKSONVILLE, FL 32216	PO BOX 19888 JACKSONVILLE, FL 32245		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signa red Agent. You must designate an individual or at	ture: nother	
The name and the Florida street address of the re	gistered agent are:		
WILLIAM G. BOATRIGHT Name			
	CUARE BL SUITE #30 ress (P.O. Box NOT acceptable)	,	
JACKSONVILLE, FL 32216 City, State, and Zip			
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 Signore	re (REQUIRED)		
(CONTINI	UED)		
Page 1 of 2		E 22 2	

H13000385830

H13W0285834

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	WILLIAM G. BOATRIGHT PO BOX 19888 JACKSONVILLE, FL 32245
•	
(Use attachment if necessary)	

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.)

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 G. BOATRICHT

Typed or printed name of signee

Filing Foos:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2"