1000193706

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nam	ne)
(Docum	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	
		:





900264875479

14 DEC 19 AM 9: 47

DEC 2 2 2014

T. HAMPTON

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/19/14

NAME:

K. HOVNANIAN AT REDTAIL, LLC

TYPE OF FILING: ARTICLES

COST:

130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Division of	n Section Corporations			
SUBJI	ECT: K Hov	nanian at Redtail, LLC			
	LOCK JALLIEL	Name of Lir	nited Liability Company		
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.		
Please	return all corre	spondence concerning this m	atter to the following:		
			Name of Person	.,	
			Firm/Company		
			Address		
			Address		
		C	City/State and Zip Code		
		E-mail address: (to be use	d for future annual report	notification)	
For fur	ther informatio	on concerning this matter, ple	ase call:		
		at (Area Code Dayt	ime Telephone Number	
	Nar	ne of Person	Area Code Dayt	ime Telephone Number	•
Enclos	ed is a check fo	or the following amount:			
_	0 Filing Fee	✓\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is encl	Certificate (losed) Certified Co	of Status &

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
K, Hovnanian at Redtail, LLC (Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
·	,,,,,,,
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
110 West Front Street Red Bank, NJ 07701	110 West Front Street Red Bank, NJ 07701
Corporation Service C	Company Name
Corporation Service C	
1201 Hays Street Florida street address (P.O. Box NOT acceptable)
Taliahassee	FL 32301
City	Zip
the place designated in this certificate, I here capacity. I further agree to comply with the pro	accept service of process for the above stated limited liability compan by accept the appointment as registered agent and agree to act in this ovisions of all statutes relating to the proper and complete performan
Oicku	the obligations of my position as registered agent as provided for it. Chapter 605, F.S., LIAN QUE SUCCEPTURED 1's Signature (REQUIRED)

Page 1 of 2

TILEU

14 DEC 19 AM 9: 47

SECKETARY OF STATE
ASSEE, FLORIDA

<mark>Γitle:</mark> 'AMRR" = Δυ	horized Member	Name and Address:
MGR" = Mana		
AMBR		Hovnanian Developments of Florida, Inc.
		110 West Front Street
		Red Bank, NJ 07701
		
		
Jse attachmen	t if necessary)	
tive date is lis	late, if other than the date of	filing: (OPTIONAL) Ic and cannot be more than five business days prior to or 9
tive date is lis filing.) VI: Other pro	date, if other than the date of the date, the date must be specified visions, if any.	le and cannot be more than five business days prior to or 90
tive date is lis filing.) VI: Other pro	date, if other than the date of the date, the date must be specified visions, if any.	
tive date is lis filing.) VI: Other pro	late, if other than the date of a ted, the date must be specified, the date must be specified wisions, if any.	le and cannot be more than five business days prior to or 90
tive date is lis filing.) VI: Other prove the	date, if other than the date of sted, the date must be specificated, the date must be specifications, if any. GNATURE: Signature of a memb cordance with section 605.02 tutes an affirmation under the ware that any false informat	le and cannot be more than five business days prior to or 9
tive date is lis filing.) VI: Other prove the	date, if other than the date of sted, the date must be specificated, the date must be specifications, if any. GONATURE: Signature of a memb cordance with section 605.02 tutes an affirmation under the ware that any false informat tutes a third degree felony as	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State
tive date is lis filing.) VI: Other prove the	signature of a memb cordance with section 605.0 tutes an affirmation under the ware that any false informat tutes a third degree felony as	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State
tive date is lis filing.) VI: Other prove the	signature of a memb cordance with section 605.0 tutes an affirmation under the ware that any false informat tutes a third degree felony as	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State is provided for in s.817.155, F.S.) Typed or printed name of signee
tive date is lis filing.) VI: Other prove the constinuation of the constitution of t	signature of a memb cordance with section 605.02 tutes an affirmation under the ware that any false informat tutes a third degree felony as Michael Discafani	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State is provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:
tive date is lis filing.) VI: Other produced in the constitution of the constitution	signature of a memb cordance with section 605.02 tutes an affirmation under the ware that any false informat tutes a third degree felony as Michael Discafani	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State is provided for in s.817.155, F.S.) Typed or printed name of signee

Page 2 of 2

SECRETARY OF STATE