(Re	equestor's Name)	·
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

9/9/15

NAME: K. HOVNANIAN AT JUNO LANDING, LLC

TYPE OF FILING: ARTICLES

COST:

130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	gistration Section vision of Corporations		
eud rect.	K. Hovnanian at Juno Landing, L	LC	
SUBJECT:	Name of	Limited Liability Company	
The enclose	d Articles of Organization and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this	s matter to the following:	
-	u	Name of Person	
-		Firm/Company	
-		Address	
-		City/State and Zip Code	
	E-mail address: (to be u	sed for future annual report notifica	tion)
For further in	formation concerning this matter, pl	ease call:	•
-	at Name of Person	()	ne Number
Enclosed is a	a check for the following amount:		
\$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			•
K. Hovnanian at Jung		-10-10-0	(0 1 O h - 60 Y O)	
(iviust end)	with the Mords Typili	ed Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ldress of the principal	office of the L	imited Liability Company is	:
Principa	LOffico Address:		Mailing A	ddress:
110 West Front Street	t		110 West Front Street	
Red Bank, NJ 07701			Red Bank, NJ 07701	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its ov	m Registered A	i Agent's Signature: gent. You must designate ar	ı individual or
The name and the Florida street a	ddress of the register	ed agent are:		
	Corporation Service	c Company	•	
		Name		1
	1201 Hays Street			
	Florida street addre	ss (P.O. Box N	OT acceptable)	•
	Tallahassee	FL	32301	
	City	State	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 registezed agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)
Vickie Sloan for Corporation Service Company

(CONTINUED)

Page 1 of 2

15 SEP -9 AM 10: 57

SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Hovnanian Developments of Florida, Inc.		
	110 West Front Street		
	Red Bank, NJ 07701		
(Use attachment if necessary)			
EV: Effective date, if other than the date extremely date is listed, the date must be sp	e of filing:`(OPTIONAL) pecific and cannot be more than five business days prior to or 90 de		
EV: Effective date, if other than the date fective date is listed, the date must be sp of filling.)	pecific and cannot be more than five business days prior to or 90 demect the applicable statutory filing requirements, this date will not be		
EV: Effective date, if other than the date fective date is listed, the date must be spot filling.) If the date inserted in this block does not ment's effective date on the Department	pecific and cannot be more than five business days prior to or 90 demect the applicable statutory filing requirements, this date will not be		
EV: Effective date, if other than the date ective date is listed, the date must be spot filling.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 demect the applicable statutory filing requirements, this date will not be		
EV: Effective date, if other than the date ective date is listed, the date must be spor filling.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be to of State's records.		
EV: Effective date, if other than the date fective date is listed, the date must be sportfiling.) If the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURES Signature of a manual of the department is executating aware that any false.	pecific and cannot be more than five business days prior to or 90 demect the applicable statutory filing requirements, this date will not be		

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)

ARTICLE IV-

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