

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : SAXON, GILMORE, CARRAWAY, GIBBONS, LASH & WILCOX, P.A.
Account Number : I20030000134
Phone : (913) 314-4500
Fax Number : (813) 314-4555

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: FL CORP @ SAXONGILMORE.COM

FLORIDA LIMITED LIABILITY CO.
SHA WINCHESTER PLACE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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REGISTRATION SERVICES

2017 NOV -6 PM 4:42
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHA WINCHESTER PLACE, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:1213 WEST 13TH STREETP.O. BOX 2359SANFORD, FL 32771SANFORD, FL 32772

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JOZETTE V. CHACK-ON, ESQ.

Name

201 E. KENNEDY BLVD., SUITE 600Florida street address (P.O. Box NOT acceptable)TAMPAFL33602

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 registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

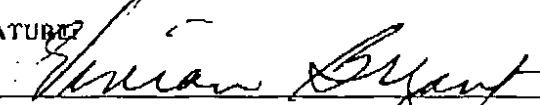
Name and Address:

HOUSING AUTHORITY OF THE CITY
OF SANFORD, FLORIDA
1213 WEST 13TH STREET
SANFORD, FL 32771

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE**

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

VIVIAN BRYANT, PRESIDENT/CEO HOUSING AUTHORITY OF THE CITY
Typed or printed name of signee OF SANFORD, FLORIDA

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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ALLAHABAD OFFICE

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