

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number 1011 (850) 617-6381

From:

Account Name : SHUTTS & BOWEN, LLP

Account Number : 076447000313 Phone : (305)358-9166 Fax Number : (305)347-7766

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

Email Address: GCohen@shutts.com

FLORIDA LIMITED LIABILITY CO. WHHA HILLCREST RESERVE, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nume:

The name of the Limited Liability Company is:

WHHA HILLCREST RESERVE, 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:

Malling Address:

 2653 Avenue C S.W.
 2653 Avenue C S.W.

 Winter Haven, FL 33880
 Winter Haven, FL 33880

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limited Limited Limited Limited Limited Limited Limited Limited Business entity with an active Florida registration.)

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

Bernice S. Saxon, Esq.

this chair

201 E. Kennedy Blvd., Suite 600
Florida street address (P.O. Box NOT acceptable)

Tampa, FL 33602

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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registerec Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

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| AND A CONTRACT OF A STATE OF | Name and Address: |
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| "AMBR" = Authorized Membe; "MGR" = Manager | • |
| AMBR | WINTER HAVEN HOUSING SUPPORTIVE SVCS, IN |
| | 2653 Avenue C. S.W. |
| | Winter Haven, FL 33880 |
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