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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SHUTTS & BOWEN, LLP

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

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

Email Address: GCohen@shutts.com

AUG 0 8 2019

FLORIDA LIMITED LIABILITY CO. LCHA Developer, LLC

Certificate of Status	. 1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

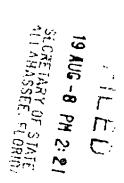
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AUG 0 8 2019

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LCHA Developer, 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:

14170 Warner Circle	14170 Warner Circle
Fort Myers, FL 33903	Fort Myers, FL 33903

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:

BERNICE S. SAXON, ESQ.

Name

201 E. Kennedy Blvd., Suite 600

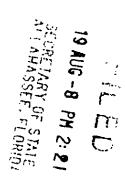
Florida street address (P.O. Box NOT acceptable)

Tampa Florida 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 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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MBR" = Authorized Member tGR" = Manager AMBR	Lee County Housing Authority 14170 Warner Circle Fort Myers, FL 33903
	14170 Warner Circle
AMBIC	14170 Warner Circle
·	Fort Myers, FL 33903
·	
ling.) date inserted in this block does not meet the up it's effective date on the Department of State's T: Other provisions, if any.	oplicable statutory filing requirements, this date will no records.
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Signature of n member or n This document is executed in acco	on authorized representative of a member, ordance with section 605.6203 (1) (b), Florida Statutes, on submitted in a document to the Department of State provided for in s.817.155, F.S.
Signature of a member or a This document is executed in according to a member of a member	ordance with section 605,0203 (1) (b), Florida Statutes, on submitted in a document to the Department of State provided for in s.817.155, F.S.
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