L24000132333

(Requestor's Name)
(Address)
(Äddress)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300418431423



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>03/21/2024</u>	_		**WALK IN**
ENTITY NAME K. Hov	nanian at Tilden Ranch,	LLC	
DOCUMENT NUMBER			
	PLEASE FILE THE A	TTACHED AND RETURN	
XXXXXXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
*	PLEASE OBTAIN THE FOLLO	OWING FOR THE ABOVE ENTITY	7/**
	Certified Copy of Arts & A	mendments	
	Certified Copy of Arts & A	mendments Complete File (Including A	nnual Reports)
	Certificate of Status		
	Certificate of Status Reflect	ing;	,
	APOSTILLE' / NOT	TARIAL CERTIFICATION	
COUNTRY OF DESTINAT	70N		
NUMBER OF CERTIFICAT	TES REQUESTEO		
TOTAL OWED \$ 125		ACCOUNT # 12014000010 United Corporate Services, Inc.	*Keithflygarl
Please call Tina at th	ve above number kor anu .	issues or concerns. Thank	uoa so much

COVER LETTER

	ew Filing Sec Pivision of Co				
SUBJECT	к.	Hovnanian at Ti	ilden Ranch, LLC		
SUBJECT	·	Name of Lir	nited Liability Company		
The enclos	sed Articles of	Organization and fee(s) ar	e submitted for filing.		
Please retu	ırn all correspo	ondence concerning this ma	atter to the following:		
	Cł	neryl O'Brien		<u></u>	
	_		Name of Person		
	K	. Hovnanian Coπ	panies, LLC		
			Firm/Company		
	9	0 Matawan Road,	Floor 5		
			Address		
		Matawan, NJ 07			
			City/State and Zip Code		
		cobrien@khov.c	•		-
]	E-mail address: (to be used	for future annual report notificati	on)	
For further i	nformation co	ncerning this matter, pleas	e call:		7.3 2.3 2.4
	Cheryl	O'Brien at(732) 383-2614		
	Nam	ne of Person A	rea Code Daytime Telephone	e Number	21
Enclosed i	s a check for t	he following amount:			
□\$125.00) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclo	: 1

Mailing Address

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

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
K. Hovnanian at Tilden Ranc	h, LLC			
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2301 Lucien Way, Ste 260	2301 Lucien Way, Ste 260			
Maitland, FL 32751	Maitland, FL 32751			

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:

Corporation	Service	Compar	чу
Name			
1201 Hays Street			
Florida street address (P.O. Box NOT 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 registered agent as provided for in Chapter 605, F.S..

Corporation Service Company

By: Laural Bistach
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Hovnanian Developments of Florida, Inc.
	2301 Lucien Way, Ste 260 Maitland, FL 32751
(Use attachment if necessary)	
(If an effective date is listed, the date must be st the date of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed at t of State's records.
ARTICLE VI: Other provisions, if any.	
Į .	Docusigned by Elizabeth D. Tice
This document is exec I am aware that any fal-	tember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b). Florida Statutes. se information submitted in a document to the Department of State. ce felony as provided for in s.817.155, F.S.
Elizabe	eth D. Tice
	Typed or printed name of signee

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)