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COVER·LETTER

10.	Division of Corporations								
SURII	GIDEON HOUSING LLC		e e		*	*			
~~		Name of	Limited Liability	Company		_			
	nclosed "Application by Foreign Lim nce, and check are submitted to regis								
Please	return all correspondence concernir	ng this matter to the	following:						
	FREDERICK TOWNSI	END							
		N	ame of Person			_			
	GIDEON HOUSING L	LC							
		Firm/Company							
	10985 N. HARRELL'S	FERRY ROAD							
	 	Address							
	BATON ROUGE, LA 7	0816							
	City/State and Zip Code								
	FRED@gideonhousing.co	om							
	E-mail	address: (to be use	d for future annual	report no	tification)	-			
For fu	rther information concerning this ma	tter, please call:							
	Fred Townsend		225	910-06					
	Name of Contac	t Person	at (Area Code	_) Day	rtime Telephone Number	_			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301				
Enclos		unt: 0.00 Filing Fee & cate of Status	□ \$155.00 Filii Certified Copy	ng Fee &	□ \$160.00 Filing Fee, 0 of Status & Certified Co				

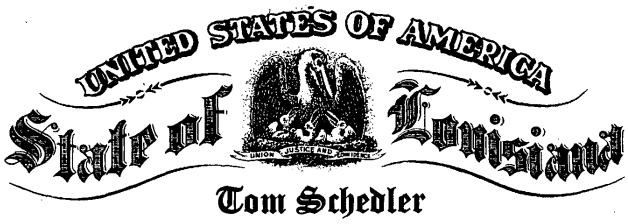
IN COMPLIANCE WITH SEC	CITON 6051902, FLORIDA STATUTE	· IN FLORIDA	SUBMITTED TO DECISION.	A GODGICAL LIMITED LIADILIE
COMPANY TO TRANSACT BI	USINESS IN THE STATE OF FLORID		SUBMITTED TO REGISTER A	A PORISON LIMITED LIABILITY
I				
(Name of For	reign Limited Liability Company; m	ust include "Limited Lia	ibility Company,""L.L.C.," o	r "LLC.")
Of name unavailable enter a	alternate name adopted for the purpo	ce of transacting busines	se in Florida. The alternate pa	me must include "Limited
Liability Company," "L.L.C,	," or "LLC.")	se of dansacting busine.	ss in Piorida. The aucinate na	ine must include Limited
2. STATE OF LOUISIAN		3. <u>472434733</u>		
(Jurisdiction under the law company is organized) 8/15/2015	v of which foreign limited liability		(FEI number, if applicable	e)
T	(Date first transacted busin (See sections 605.0904 & 60:	ess in Florida, if prior to	o registration.)	_
5. 2510 EAST 15TH ST	REET		e penany naomity)	
PANAMA CITY, FLO	ORIDA 32405			
	(Street Address of	Principal Office)	······································	
6				
	(Mailing	Address)		
7. Name and street address	ss of Florida registered agent: (F	P.O. Box NOT accept	table)	., ,,
Name:	MARVIN STANLEY			
Office Address:	2510 EAST 15TH STREET		Florida 32 405 (Zip code)	
	PANAMA CITY		Florida 32405	
Desistant access?	(City)		(Zip code)	
Registered agent's acception Having been named as re	nance: egistered agent and to accept sei	rvice of process for th	e above stated corporation	n at the place designated in
this application, I hereby	accept the appointment as regi	stered agent and <mark>a</mark> gre	e to act in this capacity. I	further agree to comply
the obligations of my pos	statutes relative to the proper a ition as registered agent.//	na complete perjormi	ance of my auties, and 1 a	m familiar with and accept
	///-			•
	(Regis	tered agent's signature)		-
8. The name, title or caps	acity and address of the person(s) who has/have author	rity to manage is/are	
	ND, MANAGING MEMBER	,	io manago istaro.	
				
			<u> </u>	

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

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.

Frederick B. Tonnsend
Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

GIDEON HOUSING LLC

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on November 26, 2014,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 30, 2015

Certificate ID: 10595589#GGT93

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed. www.sos.la.gov

Secretary of State
Web 41708472K