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| · (Re | equestor's Name) | |
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| | | |
| (Ac | ldress) | |
| | | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e;#) |
| | _ | |
| PICK-UP | ☐ WAIT | MAIL |
| • | | |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| • | - | |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEF FIRE

MAR 26 2007

COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Dekalb Apartments, Inc. | | |
| (Name of corpor | ration - must include suffix) | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida. | | |
| Please return all correspondence concerning this ma | atter to the following: | |
| Joshua W. Harrison | | |
| (Nam | e of Person) | |
| Dekalb Apartments, Inc. | | |
| (Firm | (Company) | |
| 5830 East Ponce de Leon Av | enue | |
| (A | (ddress) | |
| Stone Mountain, GA 30083 | | |
| (City/Sta | ate and Zip code) | SE SE |
| For further information concerning this matter, please call: | | OT MAR 23 A SECRETARY I ALLAHASSEE |
| Joshua W. Harrison at (770 | | |
| (Name of Person) (Are | ea Code & Daytime Telephone Number) | AHII: 43 OF STATE E. FLORIDA |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Enclosed is a check for the following amount: | | |
| \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & S87.50 Fil Certified Copy Certified Certified | ite of Status & |

Control No. 0B01029

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

DEKALB APARTMENTS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 05/07/1957 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 22nd day of February, 2007

Karen C Handel Secretary of State

Haun CHandel

Certification Number: 808691-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| (If name unavaila | ble in Florida, enter alternate corporate name | e adopted for the purpose of transacting busin | ness in Flo | rida) | |
|----------------------|---|--|----------------|-------------|----------------|
| 2. Georgia | 3. | 58-6017294 | | | |
| (State or country) | under the law of which it is incorporated) | (FEI number, if applicable) |) | | |
| 4. 5/7/57 | | Perpetual | | | |
| (Date | of incorporation) | (Duration: Year corp. will cease to exist of | or "perpetu | al") | |
| 62/1/07 | | | | | |
| - | | in Florida, if prior to registration) 502, F.S., to determine penalty liability) | | | |
| 75830 Eas | st Ponce de Leon Avenue, Ston | | | | |
| | (Principal office add | iress) | | | |
| 5830 Eas | st Ponce de Leon Avenue, Ston | ie Mountain, GA 30083 | | | |
| , | (Current mailing add | iress) | | | |
| 8. Lessor | Commercial Real Estate | • | SEC TALL | 07 MAR 23 | |
| (Purpose(s) | of corporation authorized in home state or co | ountry to be carried out in state of Florida) | RET | 20 | -1 |
| 9. Name and street | address of Florida registered agent: (P.C | O. Box <u>NOT</u> acceptable) | RETARY (| | • |
| Name: | CT Corporation System | | | = | |
| Office Address: | 1200 South Pine Island Roa | <u>.</u> | STATE ORID, | AH II: 43 | |
| | Plantation | , Florida <u>33324</u> | 15 | | |
| | (City) | (Zip code) | • | | |
| 10. Registered ago | ent's accentance: | | | | |
| Having been name | d as registered agent and to accept servi | | | | |
| designated in this d | application, I hereby accept the appoint | nent as registered agent and agree to ac | t in this c | apaci | ty. I dutia |
| | mply with the provisions of all statutes rowith and accept the obligations of my po | | i munce o | y my | шине |
| | | Jennifer F. Aultman | | | |
| | . (\) | Assistant Secretary | | | |
| | //// | | | | |

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

| A. DIRE | CTORS | |
|---------------|--|---------------------|
| Chairman: | | |
| Address: _ | | |
| - | | |
| Vice Chair | man: | |
| Address: _ | | |
| Director: | Beth P. Parker | |
| | 5830 East Ponce de Leon Avenue | |
| _ | Stone Mountain, GA 30083 | |
| Director: _ | Lynn L. Pattillo | |
| Address: _ | 5830 East Ponce de Leon Avenue | |
| - | Stone Mountain, GA 30083 | |
| B. OFFIC | CERS | TA S 0: |
| President: | Beth P. Parkér | 7 MA |
| Address: _ | 5830 East Ponce de Leon Avenue | FIL R 23 HASS |
| | Stone Mountain, GA 30083 | THOUSE THE |
| Vice Presid | ent: Lawrence P. Callahan | F STATE |
| Address: _ | 5830 East Ponce de Leon Avenue | ATE A |
| | Stone Mountain, GA 30083 | |
| Secretary: | Michael G. Kerman | |
| Address: _ | 999 Peachtree Street, Atlanta, GA 30309 | |
| reasurer: | Joshua W. Harrison | |
| Address: _ | 5830 East Ponce de Leon Avenue, Stone Mountain, GA 30 | 083 |
| NOTE: If | necessary, you may attach an addendum to the application listing additional officers | and/or directors. |
| 13. | (Signature of Director or Officer listed in number 12 of the application) | |
| 4. <u>Jos</u> | shua W. Harrison | |
| | (Typed or printed name and capacity of person signing application) | |