

L17000008143

2017 01 12 12:58

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000011426 3))



H170000114263ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : AKERMAN LLP - ORLANDO
Account Number : 076656002425
Phone : (407)423-4000
Fax Number : (407)843-6610

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

Email Address: mrivard@libertyprop.com

FLORIDA LIMITED LIABILITY CO.
Liberty APT Highland, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED STATE
TALLAHASSEE, FLORIDA

17 JAN 12 PM 2:23

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS

H17 000011426 3

FILED
17 JAN 12 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of this limited liability company is **LIBERTY APT HIGHLAND, LLC** (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company are:

834 Highland Avenue
Orlando, FL 32803

ARTICLE III - Existence and Duration

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

ARTICLE IV - Management


The Company is a member-managed limited liability company.

ARTICLE V - Registered Agent

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

Wm. Michael Mikkelson
834 Highland Avenue
Orlando, FL 32803

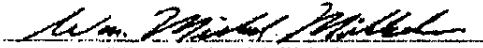
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, Florida Statutes.


Wm. Michael Mikkelson,
Registered Agent

H17 000011426 3

H17000011426 3

REQUIRED SIGNATURE:


Wm. Michael Mikkelson,
Authorized Representative of Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, Florida Statutes.)

H17000011426 3