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EXAMINER

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DATE:

07-03-2012

NAME:

COOPERS CROSSING APARTMENTS LLC

TYPE OF FILING: APPLICATION BY FOREIGN LLC TO TRANSACT BUSINESS IN FLORIDA

COST:

\$160

RETURN:

CERTIFICATE OF STATUS & CERT. COPY

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SECACIALY OF STATE
ALLAHASSEE, FLORIDA

ACCOUNT: FCA00000015

AUTHORIZATION: ABBII

ABBIE/PAUL HODGE

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COVER LETTER

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	tration Section . on of Corporations	. ·		
SUBJECT:	Coopers Crossing	Apartments LLC		•
	1	Name of Limited Liability Company		
		iability Company for Authorization to Transact Business in Florida," Ce above referenced foreign limited liability company to transact busines		
Please return al	ll correspondence concerning this	matter to the following:		
		Name of Person		
		Firm/Company		
•	·	Address		
	•	: 		
		City/State and Zip Code		
	cthompson@robb	pinspropertyllc.com		
,	E-mail address	: (to be used for future annual report notification)		
For further info	rmation concerning this matter, pl	lease call:	2	
	,	лд · нг. - а		1
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• _	Name of Person	Area Code & Daytime Telephone Number	37	T
Divisio	ING ADDRESS: on of Corporations ration Section	STREET ADDRESS: Division of Corporations Registration Section	ာ သ မ	
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ω	
	check for the following amount of Filing Fee \$\bigcup \frac{\\$130.00\ \}{\}Certificate\ \text{of S}\$	Fee & \$\int\\$155.00 Filing Fee & \$\int\\$160.00 Filing Fee, Certificate		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Coopers Crossing Apartments LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
CO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Impany," "L.L.C," "LLC.")
	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-5508318 (FEI number, if applicable)
4.	May 29, 2012 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	c/o Robbins Property Associates LLC, 120 Wells Avenue, Newton, MA 02459
	(Street Address of Principal Office)
8.	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	Coopers Crossing Partners, LLC
	c/o Robbins Property Associates LLC, 120 Wells Avenue, Newton, MA 02459
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: To engage in all
	aspects of the commercial real estate business
	TIL Burner
	Signature of a member or an authorized representative of a member.

Kevin R. Brennan, Authorized Representative of Member

(In accordance with section 608.408(3), F.S., 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 s.817.155, F.S.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:				
Coopers C	Crossing Apartme	ents LLC	· · · · · · · · · · · · · · · · · · ·	
If unavailable,	the alternate to be used in	n the state of Florida is:		
2. The name ar	nd the Florida street addr	ess of the registered agent and office are:		
	NRAI Services, Inc.			
		(Name)	_	
	515 East Park Avenue			
	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 608, Florida Statutes.

William L. De Hapoli, Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COOPERS CROSSING APARTMENTS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MAY, A.D. 2012.



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