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To: Division of Corporations
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RESUBMIT
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From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

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FLORIDA/FOREIGN LP/LLLP

AID APARTMENTS LIMITED PARTNERSHIP

Certificate of Status	0
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Page Count	05
Estimated Charge	\$1,000.00

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March 3, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

SUBJECT: AID APARTMENTS LIMITED PARTNERSHIP
REF: W08000010929

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: H08000053261
Letter Number: 908A00013047

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TALLAHASSEE, FLORIDA

GP is now on record.
:)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. AID Apartments Limited Partnership

*(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.*

*(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)*

2. Delaware

(State or Country of Formation)

3. 12/12/07

(Date of Formation)

4. Corporation Service Company

(Name of Registered Agent for Service of Process)

5. 1201 Hays Street

(Florida street address for Registered Agent)

Tallahassee, FL 32301

*6. 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 relative to the proper and complete performance of my duties,
and I am familiar with an accept the obligations of my position as registered agent.*

Corporation Service Company

By:

Signature of Registered Agent

7. 2001 Bryan Street, Suite 3700, Dallas, TX, 75201

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box

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9. 2001 Bryan Street, Suite 3700, Dallas, TX 75201
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

NF 109 International Drive
Limited Partnership
B08-42

2001 Bryan Street, Suite 3700
(Street Address)
Dallas, TX 75201

same
(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 27th day of February, 20 08

Signature of a general partner:

Aura Hopkins
 Asst. Secretary of NF 105 Development GP LLC,
 Sole general partner of NF 109 International Drive
 Limited Partnership, sole general partner of
 A10 Apartments Limited Partnership

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
 Certified Copy (optional): \$52.50
 Certificate of Status (optional): \$8.75

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AID APARTMENTS LIMITED PARTNERSHIP" 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 TWENTY-NINTH DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FORTHER CERTIFY THAT THE ANNUAL TAXIS HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AID APARTMENTS LIMITED PARTNERSHIP" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2007.

4471910 8300

080256698

You may verify this certificate online at corp.delaware.gov/authver.shtml



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6416198

DATE: 02-29-08

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